

CAAAYC SCHOLARSHIP AWARD PROGRAM

Updated 2010

**Are you a CAAAYC member wanting to further your education?
Are you a director/administrator looking for ways to support staff
continuing education?**

CAAAYC may be able to help!

HOW THE PROGRAM WORKS

- This Scholarship Program is designed to promote continuing education opportunities to individuals employed in an early childhood education program by awarding a student up to \$350.00 per year. The scholarship money is awarded as a reimbursement toward a the following:
 - A completed early childhood education course.
 - CDA course instruction (for credit and non credit)
 - CDA renewal course instruction and application fee
- The number of scholarships awarded is based upon the financial resources available to the Scholarship Fund.
- Applicant must be a current CAAAYC member (membership information can be accessed at www.caaeyc.org/join.php)
- Scholarship recipients may reapply once a year...no less than one year after the date written on the application for which a scholarship was awarded.

ELIGIBILITY CRITERIA:

1. Applicant must be employed at least 20 hours a week in an early childhood program. The program may be public or private, Family or Group Childcare, including children ages infancy through age 8.
2. The college course must be an early childhood education course.
3. Application Packet must contain all items listed on the application checklist.
4. Application deadlines:
 - January 31...if applying for a course completed in the FALL SEMESTER
 - June 30.....if applying for a course completed in the SPRING SEMESTER or if participating in the CDA Program.
 - Sept. 30.....if applying for a course completed in the SUMMER SEMESTER

PLEASE NOTE-Application Packets that are incomplete or postmarked after the above deadline dates will be considered INELIGIBLE

QUESTIONS? Contact Barb Yost at bdkyost@aol.com or call 717 731 8408

CAAAYC SCHOLARSHIP APPLICATION
Updated 2010

APPLICATION INSTRUCTIONS

Please note: Application eligible for consideration only if all items from the checklist below are included and if packet is postmarked by the deadline noted on Page 1.

Checklist of items to send:

- ___ 1. Proof of CAAEYC membership
- ___ 2. Copy of transcript that includes
name of educational institution, course title, grade received, and date
- ___ 3. Completed "Applicant Information" page of application (page 3)
- ___ 4. Completed "Employer Reference" form (page 4)
- ___ 5. If you operate a Family or Group Day Care Home, send a copy of your DPW License or Certificate
- ___ 6. If applying for CDA reimbursement, send a copy of that certificate
- ___ 7. Copy of student bill: **highlight course title and tuition cost for that course.**
- ___ 8. Copy of documentation of payment for the course such as a credit card receipt or a cancelled check.

*****It is highly recommended that applicant make a copy of all items in packet to keep for your records***

Mail packet to:

CAAAYC SCHOLARSHIP, 1500 HIGH ST, CAMP HILL, PA 17011

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APPLICANT INFORMATION

Please complete each question, if applicable

1. Date _____

2. Applicant name _____

3. Applicant home phone number _____

Home address _____

Home email _____

4. Applicant place of employment _____

Employment phone number _____

Employment email _____

5. Employment position (administrator, teacher, teacher aid, group supervisor, child care provider, other)

6. Employment position responsibilities _____

7. Name of employment supervisor _____

8. Name of college, university, educational institution, or CDA information

9. Name of course _____

10. Name of course instructor/CDA sponsor _____

Phone number and email address of course instructor/CDA sponsor _____

11. What is the tuition cost of the specific class for which you are applying? \$ _____

12. What are the beginning and ending dates of the class for which you are applying?

start _____ end _____

13. I attest that no other funding has been received and that this information is correct to the best of my knowledge. APPLICANT SIGNATURE _____

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EMPLOYER REFERENCE FORM

1. Name of applicant _____

2. Date this form is completed by employment supervisor _____

3. Name of program of employment _____

4. Address of program _____

5. Phone number of program _____

6. Name of program director (employment supervisor) _____

Employment supervisor phone number (s) and best time(s) to be contacted

Supervisor email address _____

7. Please write the employment position of the applicant
(teacher, teacher aide, group supervisor, child care provider, administrator, other)

8. How long has this applicant been employed with the program? _____

9. Is this applicant employed at least 20 hours a week? _____

10. Comments regarding this applicant? _____

11. Signature of employment supervisor _____

Questions? Contact Scholarship Chairperson, Barb Yost at bdkyost@aol.com or 731-8408