



Early Learning Coalition of Orange County

2017 FLAEYC Conference Scholarship Grant Application

PERSONAL INFORMATION				
Last Name		First		Middle
Street Address			Home Phone ()	
City	State	Zip	Cell Phone ()	
Email Address:		Is your Center using CLASS? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you using Teaching Strategies Gold? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Center Name		Position/Age Group		CURRENT NAEYC MEMBER: <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address/City/Zip			Phone ()	
Supervisor			Email Address:	
Have you received conference scholarship from ELCOC? <input type="checkbox"/> YES <input type="checkbox"/> NO When? _____				
Are you currently under scholarship for CDA or Associates program? <input type="checkbox"/> YES <input type="checkbox"/> NO				

2017 FLAEYC Conference date

Select one date for 2017 FLAEYC Conference:

Friday, September 15, 2017 Saturday, September 16, 2017

Reminders

- ✓ Scholarship applications must be turned in no later than **Monday, August 28, 2017** by the close of business (5:00 pm).
- ✓ There is a limit of 2 teachers per center that may apply for the scholarship.
- ✓ The coalition will pay the one-day conference registration fee; scholarship recipients will pay \$10 of the registration fee for this conference (**do not submit the co-pay with this application!**)

I understand that if I am selected to attend the conference, I will share what I learned at a provider meeting or training.

Applicant Signature: _____ Date: _____

I understand if my staff member is selected, I will provide paid release time (if attending on Friday) to allow my staff to participate in this event.

Director Signature: _____ Date: _____

Please fax or mail this completed form no later than **Monday August 28, 2017**
to: FAX: 407-749-0282 EMAIL: lsantiago@elcoc.org
MAIL: PO Box 540387, Orlando, FL 32854 Attn: Linda Santiago