

Greetings,

NCaeyc is offering twenty (20) free conference registrations for the 2015 Conference on September 17-19

at the Raleigh Convention Center. If you are interested, please complete the following application and return via email to [scholarships@ncaeyc.org](mailto:scholarships@ncaeyc.org) on Monday, July 20, 2015 by 5:00 pm. A committee consisting of NCaeyc Board members will review the applications and assign points based on the answers provided. Notifications to successful recipients will be provided by Friday, July 24, 2015.

The individuals selected for this award will receive complimentary registration to NCaeyc’s 62nd Annual Conference at the Raleigh Convention Center. All travel and related expenses are the responsibility of the recipient.

If you are not in need of this registration scholarship, or have already paid to attend the conference, we encourage you to share with friends, colleagues, and others who would benefit from this scholarship.

Sincerely,

NCaeyc Conference Committee

NCaeyc 2015 Conference Scholarship Application

Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is my first NCaeyc conference: yes\_\_\_\_\_\_\_ no\_\_\_\_\_\_\_

I am currently a member of NCaeyc yes\_\_\_\_\_ no\_\_\_\_\_\_\_ my ID number is #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have attended an NAEYC national conference: yes:\_\_\_\_ no:\_\_\_\_\_ Where and year attended:\_\_\_\_\_\_\_

I have worked in the field of early childhood for (check one):

\_\_\_\_ (0-3 years) \_\_\_\_ (4 – 7 years) \_\_\_\_ 7-10 years) \_\_\_\_ (over 11 years)

I currently work at:

\_\_\_\_ Licensed child care center \_\_\_\_\_Licensed Family Care Home \_\_\_\_\_ Head Start \_\_\_\_\_ Public School System

\_\_\_\_\_ Higher Education \_\_\_\_\_ Other (please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My current title at my employment is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If selected, I will cover any additional expenses by:

\_\_\_\_\_\_\_ work place assistance \_\_\_\_\_\_ self pay \_\_\_\_\_\_\_ fundraisers \_\_\_\_\_\_ other (please explain)

Any additional information you would like the committee to consider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Office Use only:

Date received:\_\_\_\_\_\_\_

Total Points Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_