SW WASHINGTON EARLY CHILDHOOD TAPESTRY CONFERENCE

SCHOLARSHIP APPLICATION FORM

SPONSORED BY WAEYC / SWAEYC

Conference Date: March 25, 2006 Scholarship Amount: $_____

Conference Contact Name: Jerri Winston

Conference Contact Phone: 360-992-2393 Email: jwinston@clark.edu

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Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____

Provider Training ID (for STARS credit) _____

SWAEYC Member Yes _____ No _____ Membership #: _____

ELIGIBILITY (check all that apply)

- ❑ I work in a licensed or exempt or tribally certified child or school-age care program.
  Name of program _____

  Program location (Address): _____
- ❑ I am a licensed home childcare provider.
- ❑ I am a resident of Washington State.
- ❑ I am not an employee of Washington Sate, Head Start, ECEAP, or a School District.

If you are an employee of one of these agencies you may still qualify for a STARS Scholarship. You may go online to www.waeyc.org to download an application.

Please sign below that the information above is true and correct (scholarship cannot be awarded without both signatures).

_____ _____

Signature Date Conference Rep's Signature Date