TO: NAFCC Scholarship Applicant

RE: NAFCC Accreditation Scholarship Process

Thank you for your interest in the Louisiana Pathways Early Child Care Career Development System Scholarship Program. NAFCC Accreditation is an indicator that family child care homes offer safe, inviting spaces and warm, nurturing care complete with educational activities designed to meet the needs and interests of all children while promoting individual development. NAFCC accreditation is recognized at Level VIII on the Louisiana Pathways Family Child Care Career Path. For more information on NAFCC Accreditation, please visit www.NAFCC.org.

The Scholarship Fund is designed to pay a large portion of the accreditation fee. To apply for a scholarship, please submit a cover letter to the Louisiana Pathways Program stating your intent to become accredited along with the enclosed application. Also include a letter of recommendation from your local Resource and Referral Agency Technical Assistant verifying your intention and commitment to improving quality care for children and a copy of your NAFCC Provider Accreditation Application. Awards will be granted on a first come – first served basis. Accreditation scholarships will be paid directly to the NAFCC.

It will be your responsibility to communicate with Pathways in writing as you become ready for accreditation. NAFCC will then be provided with written authorization to pay the scholarship amount of the accreditation fee from Pathways’ account with them.

You will be notified as soon as possible by mail after a review of your application. Thank you for your commitment to high quality early child care and education in Louisiana. Contact the Louisiana Pathways Scholarship Office at (800) 245-8925 or (318) 677-3163 if you have any questions.

Have you included these items with your application?

- Cover Letter of Intent
- Application Form
- LA Pathways Career Development System Enrollment Form (if not previously enrolled)
- Letter of Recommendation
- Copy of NAFCC Provider Accreditation Application
- Proof of NAFCC membership
NAFCC ACCREDITATION FOR FAMILY CHILD CARE HOMES

SCHOLARSHIP APPLICATION

Name _____________________________________________________________________________

Social Security Number ___ ___ ___-___ ___-___ ___ ___ ___  Date of Birth _____/_____/

Tax ID Number _____________________________________________________________________

Home Address _____________________________________________________________________
Street Address, City, State, Zip

Mailing Address __________________________________________________________________
Address, Apt./Lot #, City, State, Zip

Telephone ( ___ ___ ___ ) ___ ___ ___ - ___ ___ ___ ___  E-mail __________________________

How did you learn about availability of NAFCC Accreditation Scholarship Funds?
__________________________________________________________________________________

1) How long has your program been registered with the state of Louisiana? ______________
   Please include a copy of your Louisiana Child Care letter documenting registration

2) Why are you seeking to become a NAFCC accredited provider?

3) How many children do you serve? __________________________________________________

4) Briefly describe what high quality child care means to you:

5) On what date are you anticipating mailing your accreditation materials? ______/_____/____

6) List any professional organizations of which you are a member:

7) Do you have a CDA? __________  If yes, enter Date of Issue _____/_____/______, attach copy
   of CDA and skip # 8
8) List training, classes, and conference sessions you have participated in during the past 2-1/2 years (clock hours completed relative to early childhood):

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_I hereby apply for funding for a NAFCC Accreditation Fee Scholarship grant. The information on this application is accurate to the best of my knowledge._

____________________________________________________________       ______/______/______
(Signature)                                                                      (Date)

_Return Application to:_

LA Pathways CDS Scholarship Program
NSU Child and Family Network
1800 Warrington Place              Toll free (800) 245-8925
Shreveport, LA 71101-4425          Voice (318) 677-3163