



Scott County Licensed Family Child Care Association Training Scholarship Application

Name _____

Address _____

City _____ State _____ Zip code _____

Telephone (_____) _____

E-Mail _____

Date Submitted _____ Member of SCLFCCA ____Yes__No

1. How long have you been a licensed child care provider? _____

2. Please include a statement as to why you need a scholarship?

3. Check the training you wish to receive the scholarship for:

_____ CPR _____ Date of class

_____ First Aid _____ Date of class

_____ Full Day Conference

All of the information gathered in this form will be held as strictly confidential and reviewed by the SCLFCCA Scholarship Selection Committee

Applicant's Name

Date

Please email this form to sclfcca@yahoo.com or mail to:
Scott County Licensed Family Child Care Association
P.O. Box 42, Shakopee, MN 55379

For Office Use Only

Date Received: _____ Granted: Yes No Amount Granted _____
Initials of Grantor _____ Copy to the Treasurer and Training Coordinator