

ROSIE BAKER SCHOLARSHIP APPLICATION

<p>Purpose of Scholarship: To encourage eligible WCCAA members to pursue educational opportunities to enhance their present or future job responsibilities and career opportunities in Early Care and Education. The Scholarship funds could cover the cost of training or class, not to exceed \$1000. Scholarships will be approved as budget allow. Scholarship will not include travel, mileage or housing.</p> <p>Eligibility: Must be a WCCAA member for at least one year. Application must be completed IN FULL to qualify. All required materials MUST be submitted with the application.</p>		
SECTION 1 - APPLICANT INFORMATION		
Name:		
Home phone:	Cell Phone:	Work Phone:
Home address:		
City:	State:	ZIP Code:
Place of Employment and Title:		
City:	State:	Zip Code:
WCCAA Membership ID:	Region (1-9):	
Have you received the Rosie Baker Scholarship in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, please share when you received the scholarship, and how it benefited you and your community, region and or WCCAA. (Attach a separate paragraph/statement)		
SECTION 2		
<input type="checkbox"/> CONFERENCE <input type="checkbox"/> TRAINING <input type="checkbox"/> COURSE <input type="checkbox"/> EVENT (EXPLAIN) _____		
Title (include adequate documentation) :		
Location:	State:	
Date(s):	Cost:	
Amount Requested:		
Have you already registered for this event: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please attach an explanation.		
If so, reimbursement made payable to:		
SECTION 3 - SCHOLARSHIP REQUIREMENTS		
Please submit as separate attachment the following: <ul style="list-style-type: none"> Current resume Brief description for purpose of attending this event and how it will benefit you, your center and the community Adequate documentation for the cost of the event Any additional documentation for prior scholarship recipients 		
SECTION 4 - APPLICANT AGREEMENT		
<input type="checkbox"/> I understand the payment of my scholarship will be submitted directly to the sponsoring agency, along with a completed application or mailed to the recipient, upon submission of proof of payment.		
<input type="checkbox"/> Upon completion of event, I agree to submit a short summary on how this event has helped me in the field of Early Care and Education.		
<input type="checkbox"/> I understand that if I do not fulfill my obligations I will not be eligible for future scholarship sand will no longer be able to apply for future scholarship opportunities with WCCAA.		
SECTION 5 - ADDITIONAL INFORMATION		
<ul style="list-style-type: none"> Applicants must submit all required documentation to the scholarship chair on or before the deadline of each scholarship opportunity. Email to: kbehrendt@bdch.org Mail to: Kris Behrendt, Kids Care, 1200 North Center, Beaver Dam, WI 53916 To give back contact your Board Directors in your region to arrange a time to discuss your learning opportunity. This information can be found on the website: www.wccaa.org 		
Signature of applicant		Date