

SWAEYC Membership Scholarship Application

Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Home Phone: _____ E-mail: _____

Gender: Male Female

Race/Ethnic Group: Optional

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or other Pacific Islander White Hispanic or Latino

Other

Education:

No Education High School/Equivalent CDA or NAFCC Accredited

Associate or 60 credits (ECE) Associates or 60 credits (other) Bachelors (other)

Bachelors (child related) Masters Degree Doctorate Degree Student

Employment:

Place of Employment: _____

Address: _____ City: _____

County: _____ State: _____

Work Phone: _____ Job Title: _____

Please indicate the category that best describes your place of employment:

Child Care Center Family Home Provider Relative Provider Head Start

K-3 Public School K-3 Private School Other

Age Range of children: _____

Is the facility licensed: yes no Is the facility accredited: yes no

Please answer the following questions:

1. Membership in a professional organization provides networking opportunities and access to the latest information about providing quality care for all children. Please indicate your commitment to the early childhood field: _____

2. What role do you anticipate that you might seek in a local affiliate when you become a member?

- attend local meetings volunteer for committees serve on volunteer board
- help advocate for early childhood help with annual conference work on newsletter

3. How will membership in AEYC help you in your professional life? _____

Applicant Signature _____ **Date:** _____

Applications must be postmarked by 6/28/2006 or faxed by 6/30/2006 to (360) 213-1314 or completed on-line by 6/30/2006.