



# 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

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](mailto:sclfcca@yahoo.com) or mail to:  
Scott County Licensed Family Child Care Association  
P.P. Box 42, Shakopee, MN 55379

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For Office Use Only

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