

TO: Interested Parties

FR: Early Childhood Project

RE: **NAFCC Accreditation Scholarship Process**

Thank you for your interest in the Montana Scholarship Program for NAFCC accreditation. We have enclosed an Info Sheet about accreditation for your information. It is the intent of the Scholarship Program to promote National Association for Family Child Care accreditation for registered family and group child care homes. NAFCC accreditation is recognized at Level III on the Montana Early Care and Education Career Path (see enclosed chart).

To be eligible for this scholarship you must be an active participant on the Montana Practitioner Registry. If you are not currently active or have never applied to the Practitioner Registry, processing of The Registry application can take up to six weeks. Call the Early Childhood Project (ECP) at 1-800-213-6310 or 406-994-4746 to request an application.

When you are ready to begin the NAFCC accreditation process, submit your completed NAFCC Scholarship Application to the Early Childhood Project. The Scholarship Fund is designed to pay the full cost of accreditation for NAFCC members in the amount of \$495.00. Your scholarship award will be authorized by a letter from the ECP. The scholarship covers both halves of the accreditation fee. Your scholarship award letter must accompany your accreditation application materials to NAFCC. The accreditation fee will be withdrawn from the Montana Scholarship Program's account with NAFCC. Your Self Study Materials will be mailed to you from NAFCC when all of your NAFCC application information is correct.

To apply for this scholarship submit a cover letter to the ECP stating your intent to become accredited and a copy of your current Practitioner Registry certificate. Complete the enclosed application form and training record. Send your cover letter, a copy of your current Practitioner Registry Certificate, and your completed application to the ECP.

We will notify you as soon as possible by mail after a review of your application. Thank you for your commitment to high quality early care and education in Montana. Please feel free to contact Libby or Pam at 1-800-213-6310 or 406-994-4746 if you have questions.

Have you included these items with your application? *Incomplete applications will not be considered.*

- Cover Letter of Intent
- A copy of your current Practitioner Registry Certificate
- Completed Application Form and Training Record



MONTANA SCHOLARSHIP PROGRAM SCHOLARSHIP APPLICATION

Return Application to:
Early Childhood Project
MSU - P.O. Box 173540
Bozeman, MT 59717-3540



NAFCC ACCREDITATION FOR EARLY CHILDHOOD PROGRAMS

Name _____

Social Security Number _____ Date of Birth _____

Program Name _____

Address _____

City/State/Zip _____

Telephone _____ Email Address _____

A copy of your current Montana Practitioner Registry Certificate must be included with this application. If you are not currently an active participant on the Practitioner Registry, contact the Early Childhood Project at 1-800-213-6310 or 406-994-4746 for an application.

How did you learn about the availability of NAFCC Accreditation Funds?

1. How long have you been a registered provider with the state of Montana? _____

Briefly describe your program:

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

3. Briefly describe what high quality child care means to you:

4. What is your biggest challenge in being a child care provider?

5. On what date did you apply to NAFCC for accreditation materials? _____

6. On what date will you be sending your accreditation materials back in? _____

7. List any professional organizations of which you are a member:

8. List training, classes, and conference sessions you have participated in during the past 2-1/2 years (hours completed):

Training Title	Date	Sponsor	Location	Hours	Did you receive Merit Pay?

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

Signature

Date

Return Application to:
Early Childhood Project ♦ Montana State University ♦ P.O. Box 173540 ♦ Bozeman, MT 59717-3540
406-994-4746 ♦ 800-213-6310 ♦ (FAX) 406-994-7555