

# CALIFORNIA ASSOCIATION FOR FAMILY CHILD CARE



P.O. Box 3081  
Salinas, CA 93912

Phone/Teléfono: (925) 828-2100  
Fax/Facsimile: (510) 522-6237  
Web page/Página Electrónica: [www.cafcc.org](http://www.cafcc.org)

*Dedicated to the welfare of children / Dedicados al bienestar de los niños*

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## Danforth Professional Development Scholarship

### **Eligibility:**

1. Must be a California or military licensed family child care provider.
2. *Must be a member of CAFCC for a minimum of one (1) year.*
3. Must be currently providing care for a minimum of 3 children.
4. May apply for a scholarship only one time in a two (2) year calendar year. A calendar year is from January 1 through December 31.

### **Procedure for Application:**

1. Complete and submit application form. (Incomplete applications will not be considered)
2. Include copies of all required documentation.
  - *Copy of your membership card from California Association for Family Child Care.*
  - Copy of your license and cancelled check to DSS for your annual fee (Do not send in original).
  - Letter of recommendation from your local association, your local R&R or your food program.
  - A completed Registration form for the conference.
  - Statement of agreement to write a short summary of the keynote address and workshops attended. The summary must be mailed to CAFCC within 20 days after the conference. If the summary is not received, the applicant loses the scholarship award and must reimburse the Danforth Scholarship Fund.
3. Mail complete application and all attachments to address above. *Application must be postmarked by the Early Bird Deadline for the Conference being applied for .*
4. CAFCC Board members are not eligible for scholarships.

### **Selection Process:**

1. Only complete applications with all attachments will be considered.
2. The Scholarship Committee will review the application and attachments. *Only one (1) scholarship will be awarded from each association..*
3. Applicant will be *mailed a letter notifying them* of selection results
4. The registration fee will be credited to your account. If the registration fee has already been paid, a reimbursement check will be issued.

### **Scholarships are currently available for:**

CAFCC's Annual Conference, usually held in April  
CAFCC's Semi-Annual Conference, usually held in October

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## Danforth Scholarship Application

The California Association for Family Child Care (CAFCC) scholarship fund is specifically for scholarships to our Annual and Semi-Annual Conferences.

Name \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_

County \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

1. How long have you been a family child care provider? \_\_\_\_\_
2. Are you a member of an family child care association? \_\_\_\_ yes \_\_\_\_ no
3. If so, which association \_\_\_\_\_
4. Have you served on a board before? \_\_\_\_ yes \_\_\_\_ no If so, how long? \_\_\_\_\_
5. Please list your affiliations:

Food Program

Resource & Referral

Subsidized Program

6. Conference you're applying for: Location/Date Amount

7. Have you attended a CAFCC Conference before? \_\_\_\_ yes \_\_\_\_ no

8. Name 3 things you hope to learn or take home from the conference.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

9. What is the main reason you feel you should be selected to receive a scholarship. \_\_\_\_\_

10. How would you describe what you do to someone who does not know anything about family child care?  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you previously applied to the Danforth Scholarship Fund? \_\_\_\_ yes \_\_\_\_ no

12. Have you applied to any other scholarship fund for this event? \_\_\_\_ yes \_\_\_\_ no

Mail to: CAFCC  
Danforth Scholarship Fund  
P.O. Box 3081  
Salinas, CA 93912

### For Office Use Only

Application received \_\_\_\_\_

Attachments included \_\_\_\_\_

Amount Awarded \_\_\_\_\_

Notes: \_\_\_\_\_