



Central California Association for the Education of Young Children

CCAIEYC MEMBER REQUEST FOR GRANT

Name: _____

Address: _____

Phone number: (____) _____ E-mail address: _____

CCAIEYC member number: _____

Activity Information:

Activity Title: _____ Amount Requested: _____

Dates: _____ Location: _____

Description of activity: _____

How will you share the information from this activity with CCAIEYC?

As a recipient of this grant money we would like for you to share what you have learned with the larger community. Please check one or more of the following.

- I am willing to write a newsletter article about this activity/event.
- I am willing to conduct a workshop or a presentation about this activity/event.
- I am willing to in-service others at my center/school.
- Other- please explain how this grant supports the mission of CCAIEYC.

CONDITIONS FOR THIS AWARD: Available to current members of Central California Association for the Education of Young Children. All information above must be provided at least 30 days prior to the activity date. Incomplete requests will not be considered. Funds may not be requested for college tuition or books. Please attach formal registration information or event information to this request. All requests are subject to board approval and fund availability. Funds will be provided as reimbursement to successful applicants upon receipt of proof of attendance at the activity.

Send application and attachments to: CCAIEYC
PO Box 3892
Pinedale, CA 93650-3892

Questions? Call (559) 301-0939 or email: ccaeyconline@gmail.com

(applicant signature)

(date)

CCAIEYC use only	
<input type="checkbox"/> Statement of Participation	<input type="checkbox"/> Registration information attached
<input type="checkbox"/> CCAIEYC member	<input type="checkbox"/> Applicant Signature and date
Date received _____	Board approval for \$ _____