



Central California Association for the  
Education of Young Children

EDITH STOREY ANNUAL SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Student ID Number: \_\_\_\_\_

College or University currently attending: \_\_\_\_\_

Major: \_\_\_\_\_ Number of units presently enrolled in: \_\_\_\_\_

Degrees/Certificates or Permits currently held: \_\_\_\_\_

CCAIEYC membership number: \_\_\_\_\_

Please attach the following:

1. Verification of student status (such as current transcript or schedule)
2. A letter of recommendation from a current instructor
3. A letter of recommendation from either your employer, or an Early Care and Education professional or a Board Member of CCAIEYC
4. A statement concerning financial need

**APPLICATION DUE NO LATER THAN APRIL 1ST**

**CONDITIONS FOR THE USE OF THIS AWARD:** The scholarship can only be used to attend a college or university with a program in Early Care and Education. Two scholarships will be awarded annually in the amounts of \$250 each. Notification of the awards will be made by June 30th.

Send application and attachments to:

CCAIEYC  
PO Box 3892  
Pinedale, CA 93650-3892

Questions? Call (559) 320-5850 or email [ccaeyc1@sbcglobal.net](mailto:ccaeyc1@sbcglobal.net)

CCAIEYC use only

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|--|--|
| <input type="checkbox"/> Verification of student status            | <input type="checkbox"/> Statement of financial need |
| <input type="checkbox"/> Letter from faculty                       | <input type="checkbox"/> Applicant Student ID        |
| <input type="checkbox"/> Letter from employer, ECE or Board member |  |
| Date received _____  |  |