



Central California Association for the  
Education of Young Children

DORIS SMITH STUDENT NEW MEMBERSHIP AWARD

Name: \_\_\_\_\_  
(please print name)

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

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

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

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

Please attach the following:

1. **Statement of financial need** - briefly explain financial need for assistance in receiving a CCAIEYC student membership
2. **Statement of participation** - briefly explain your plan for becoming involved in CCAIEYC

Also please include:

**Signature of verification** - signature of a current faculty member who will verify that you are a student in good standing

_____	_____
(Faculty name)	(Department)
_____	_____
(Faculty Signature)	(Date)

**APPLICATION DUE NO LATER THAN: NOVEMBER 1st**

This award will be determined by student status and financial need. Four (4) new CCAIEYC student memberships will be awarded annually. Notification date: November 30<sup>th</sup>. The membership year will run from January to December 31<sup>st</sup>. Send application and attachments to:

CCAIEYC  
PO Box 3892  
Pinedale, CA 93650-3892

Questions? Call (559) 320-5850 or email [ccaevc1@sbcglobal.net](mailto:ccaevc1@sbcglobal.net)

\_\_\_\_\_ (applicant signature) \_\_\_\_\_ (date)

<b>CCAIEYC use only</b>	
<input type="checkbox"/> Statement of Financial need	<input type="checkbox"/> Statement of Participation
<input type="checkbox"/> Faculty signature and date	<input type="checkbox"/> Applicant Student ID
<input type="checkbox"/> Applicant Signature and date	Date received