

TO: Interested Parties
FR: Early Childhood Project (ECP)
RE: **NAEYC Accreditation Scholarship Process**

Thank you for your interest in the Montana Scholarship Program for NAEYC accreditation.

It is the intent of the Scholarship Program to promote National Association for the Education of Young Children (NAEYC) accreditation for early childhood programs serving children ages birth to five years in part-day or full-day programs. Programs serving children 5-8 years old in before and after school programs may also apply.

* 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 406.404.1624 for more information.

*The NAEYC Accreditation process is divided into four steps. You must go to www.naeyc.org or call NAEYC at 1.800.424.2460 in order to determine the actual cost for each of the four steps of the accreditation process and the required annual fee. The costs for your program will be based upon the full-time equivalent children that you serve.

*For each of the four steps in the accreditation process you will need to submit an application to the ECP for approval at least 30 days prior to the date that you will be submitting your materials to NAEYC. The ECP scholarship application for Steps 3 and 4 of the accreditation process is combined.

*To apply for this scholarship a cover letter to the ECP stating your intent to become accredited and a copy of your current Montana Practitioner Registry certificate are required. Complete the appropriate NAEYC scholarship application.

*Send you cover letter, a copy of your current Practitioner Registry certificate, and your completed application to the Early Childhood Project.

*You will receive an award letter from the ECP upon approval of your scholarship. This award letter must accompany your accreditation materials that you submit to NAEYC in order for your fees to be paid from the Montana Scholarship Program's advance account with NAEYC.

Thank you for your commitment to high quality early care and education in Montana. Please contact Brandi at 1.800.213.6310 if you have questions.

Have you included these items with your application?

Cover Letter of Intent

A copy of your current Practitioner Registry Certificate

A complete application form

October 2016



montana
early childhood project

**MONTANA SCHOLARSHIP PROGRAM
FOR EARLY CHILDHOOD PROGRAMS
NAEYC SCHOLARSHIP APPLICATION**

Step 2. Becoming An Applicant

Program Name _____

Tax ID Number _____ NAEYC Program ID# _____

Contact Name _____ Title _____

Program Address _____

City/State/Zip _____

Telephone _____ Email Address _____

Your Letter of Intent and 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.

1. How long has your program been licensed by the state of Montana? _____

Please include a copy of your Montana Child Care license. If you are not licensed, please explain:

2. How many children (full-time equivalent) does your program serve? _____

(To calculate full-time equivalent, count 2 half-day children who attend 4 hours or less as 1 full-time child)

3. On what date do you anticipate submitting your Application to NAEYC to officially begin your accreditation process (Step 2)? _____

Please list your fee for Becoming An Applicant-Step 2. You will need to contact NAEYC at www.naeyc.org or call them at 1-800-424-2460 to determine your fees.

Step 2. Becoming An Applicant (Submitting an Application) Fee _____

*I hereby apply for funding for Step 2- Becoming An Applicant- in my NAEYC Accreditation process.
The information on this application is accurate to the best of my knowledge.*

Signature

Date

Return Application and All Required Documents to:

**Early Childhood Project
Montana State University ♦ P.O. Box 173540 ♦ Bozeman, MT 59717-3540
406-404-1624 ♦ 800-213-6310**



