

TO: Interested Parties

FR: Early Childhood Project

RE: **NAFCC Accreditation Scholarship Process**

Thank you for your interest in the Montana Scholarship Program for National Association for Family Child Care (NAFCC) accreditation. It is the intent of the Scholarship Program to promote NAFCC accreditation for state registered family and group child care homes. NAFCC accreditation is recognized at Level III on the Montana Early Care and Education Career Path with 120 hours of approved early childhood training in the past five years.

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 to request an application.

The NAFCC Accreditation process is divided into three steps. For each of the three 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 NAFCC.

To apply for this scholarship submit a cover letter to the ECP stating your intent to become accredited and a copy of your current Practitioner Registry certificate. Complete the appropriate NAFCC scholarship application. Send your cover letter, a copy of your current Practitioner Registry Certificate, and your completed application to the ECP.

We will notify you as soon as possible by mail after a review of your application. Thank you for your commitment to high quality early care and education in Montana. Please feel free to contact Brandi at 1-800-213-6310 if you have questions.

Have you included these items with your application? *Incomplete applications will not be considered.*

Cover Letter of Intent

A copy of your current Practitioner Registry Certificate

Completed Application Form



montana early childhood project



MONTANA SCHOLARSHIP PROGRAM SCHOLARSHIP APPLICATION NAFCC ACCREDITATION FOR EARLY CHILDHOOD PROGRAMS

Step 3. Renewal for first and second year of accreditation

Name _____

Co-Provider (if applicable) _____

Last 5 digits SSN _____ Date of Birth _____

Program Name _____

Address _____

City/State/Zip _____

Telephone _____ Email Address _____

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.

How did you learn about the availability of NAFCC Accreditation Funds?

1. How long have you been a registered provider with the state of Montana? _____
Briefly describe your program:

2. Why are you seeking to become a NAFCC accredited provider?

3. Briefly describe what high quality child care means to you:

4. What is your biggest challenge in being a child care provider?

5. On what date do you anticipate submitting your Renewal to NAFCC? _____

6. Step 3. Renewal for first and second year of accreditation fee: _____

7. List any professional organizations of which you are a member:

*I hereby apply for funding for my Renewal for NAFCC Accreditation Scholarship.
The information on this application is accurate to the best of my knowledge.*

Signature

Date

Return Application to:
Early Childhood Project Montana State University P.O. Box 173540 Bozeman, MT 59717-3540
406-404-1624 800-213-6310