



**2017 NCAEYC Conference Scholarship Application**

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

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

Are you already a member of NAEYC/NCAEYC? Yes No  
If yes, Member # \_\_\_\_\_

If you do not live in Wake County, provide the name of your employer:

\_\_\_\_\_  
\*This scholarship is only available to Early Childhood professionals who live and/or work in Wake County. \*

Contact phone and/or email: \_\_\_\_\_

Please explain how you feel attendance at the 2017 NCAEYC conference will affect the work you do with or on behalf of young children in Wake County.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this application **via email by 9am, Wednesday, September 13<sup>th</sup>**. The scholarship will pay for a one year NAEYC membership and full conference registration. Participants will be asked to complete a reflection after their conference experience to share with NCAEYC.

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**Email: [wakeaeyc@gmail.com](mailto:wakeaeyc@gmail.com)**