

TO: Interested Parties

FROM: Early Childhood Project

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.

**Health and Human
Development**

**Early Childhood
Project**

117 Herrick Hall
P.O. Box 173540
Bozeman, MT 59717-3540

www.montana.edu/ecp

Tel (406) 994-4746
(800) 213-6310

Fax (406) 994-7555

Email ecp@montana.edu

- ❖ **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 406-994-4746 to request an application.
- ❖ 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 costs for each of the four steps of the accreditation process and the required annual report.** 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 your 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 Pam or Libby at 1-800-213-6310 or 406-994-4746 if you have questions.

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

- Cover Letter of Intent
- Completed Application Form
- A copy of your current Practitioner Registry Certificate



**MONTANA SCHOLARSHIP PROGRAM
FOR EARLY CHILDHOOD PROGRAMS**

**Return Application to:
Early Childhood Project
MSU - P.O. Box 173540
Bozeman, MT 59717-3540**

**NAEYC SCHOLARSHIP APPLICATION
Annual Report Fee**

Program Name _____

Tax ID Number _____ **NAEYC Program ID#** _____

Contact Name _____ **Title** _____

Program 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 at 1-800-213-6310 or 406-994-4746 for an application.

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 Annual Report to NAEYC? _____

**Please list the fee for your Annual Report.
You will need to contact NAEYC at www.naeyc.org or
call them at 1-800-424-2460 to determine your fees.**

Annual Report Fee _____

*I hereby apply for funding for the Annual Report Fee for my program.
The information on this application is accurate to the best of my knowledge.*

Signature

Date



Montana Early Childhood Project

Return Application and All Required Documents to:

**Early Childhood Project
Montana State University ♦ P.O. Box 173540 ♦ Bozeman, MT 59717-3540
406-994-4746 ♦ 800-213-6310 ♦ (FAX) 406-994-7555**