TO: Interested Parties

FR: Early Childhood Project (ECP)

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 if you need assistance with the online 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 SCHOLARSHIP PROGRAM SCHOLARSHIP APPLICATION NAFCC ACCREDITATION FOR EARLY CHILDHOOD PROGRAMS

Step 2. Application for NAFCC Accreditation

Name	
Co-provider (if applicable)	
Social Security Number	Date of Birth
Program Name	
Address	
City/State/Zip	
Telephone	Email Address
with this application. If you How did you learn about the avai	nt Montana Practitioner Registry Certificate must be included a are not currently an active participant on the Practitioner Registry, contact the Early Childhood Project. ilability of NAFCC Accreditation Funds?
 How long have you been a reg Briefly describe your program: 	gistered provider with the state of Montana?

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?	
⊸.	what is your biggest chancing in being a clinic care provider:	
5.	On what date do you anticipate submitting your Application to NAFCC?	
6.	Step 2. Application for NAFCC Accreditation Fee:	
7.	List any professional organizations of which you are a member:	
	I hereby apply for funding for my Application for NAFCC Accredit The information on this application is accurate to the best of n	
Sig	gnature	Date