| SDAEYC Accreditation Scholarship Application | | | | |
| --- | --- | --- | --- | --- |
| About | | | | |
| This scholarship originated with the former, Midwest AEYC group. When the organization dissolved, they provided funds to each of the states that were associated with the organization. Each state chose what to do with the funds. South Dakota AEYC’s board decided to put the money toward programs who need assistance with accreditation. The scholarship started in 2015 and we strive to continue providing this service. | | | | |
| Qualifications & Limitations | | | | |
| Programs must be NAEYC Accredited, seeking accreditation, or wanting to make improvements to their program in the hopes of becoming accredited in the near future. Programs are limited to one scholarship per year and one scholarship per option (listed below). Scholarships will be limited to no more than $500 per option. Scholarships will be given out until funds are no longer available from this account. Proof of the use of funds must be provided when requested by the committee. | | | | |
| Applicant Information | | | | |
| Program Name: | | | Date of Application: | |
| Applicant’s Name: | | Position: | | |
| Program Address: | | | | |
| City: | State: | | | ZIP Code: |
| Email: | | | | Phone: |
| SDAEYC Member:  Yes  No | | | | |
| Accreditation Information | | | | |
| Currently NAEYC Accredited  In Progress of Becoming Accredited  Considering Accreditation in the Near Future | | | | |
| What are your hopes for your program as far as accreditation is concerned: | | | | |
| Check the option you are applying for | | | | |
| 1. Money for training or resources about accreditation | | | | |
| 2. Enrollment in Self-Study Fees | | | | |
| 3. Program updates and improvement based off of your findings from your self-study | | | | |
| 4. Application/Self-Assessment Fees | | | | |
| 5. Candidacy/Site Visit Fees | | | | |
| 6. Intent to Renew Form Fees | | | | |
| 7. Renewal Fees | | | | |
| 8. Annual Report Fees/Annual Accreditation Fees | | | | |
| 9. Other (please specify what you are needing and how it directly relates to accreditation): | | | | |
| Funds | | | | |
| Have you received funds from this scholarship in the past:  Yes  No | | | | |
| If yes, what step did you receive the funds for:  1  2  3  4  5  6  7  8  9 | | | | |
| If yes, what was the total amount received: $ | | | | |
| Amount Requested (cannot exceed $500): | | | | |
| What will the funds be used for (Please provide specifics – include how and when the money will be spent. If the money has already been spent – attach a copy of your proof of payment.): | | | | |
| Where to Send the Form When Completed | | | | |
| South Dakota Association for the Education of Young Children  Attention: Accreditation Committee  PO Box 85426  Sioux Falls, SD 57118 | | | | |
| E-mail: [operations@sdaeyc.org](mailto:operations@sdaeyc.org) | | | | |
| Application Deadlines | | | | |
| Applications can be turned in at any time throughout the year. However, they will be reviewed by the committee four times throughout the year: March, June, September, and December. | | | | |
| Signature | | | | |
| I verify that the above information is accurate and will provide proof of how the funds were used to the committee if requested. | | | | |
| Signature of applicant: | | | | Date: |

|  |  |  |
| --- | --- | --- |
| For Office Use Only | | |
| Date Application Received: | Date Approved/Denied: | Amount Rewarded: |
| Reason for approval or denial: | | |
| Accreditation Chair Signature: | | Date: |