



Virginia Association for the Education of Young Children

Clarene Vickery Scholarship Application

If additional space is needed, please attach separate pages.

APPLICANT INFORMATION

Date of Application:	
Name of Applicant:	
Address:	
City, State, Zip:	
Phone:	Email:
SECA/NAEYC Membership Number:	
Have you held any leadership roles within VAAEYC? (Local or State)	

PROJECT INFORMATION

What project are you seeking these scholarship funds for?
Explain why these scholarship funds are needed.
How will these scholarship funds be used to address the need?
How will children in Virginia be impacted by this scholarship? Approximately how many will benefit from the results of this funding?
How will the success of these grant funds be assessed?

PROJECT/PURPOSE DETAIL INFORMATION

Date and Location of Project:
Total Budget for Project: (Give details if possible.)
Timeline for Project Implementation – give benchmark dates if possible:

Biography

Biography of person requesting the funds: <i>(If request is for an organization, please provide the name, mission statement, and other relevant information.)</i>
--

Please attach any supporting documents relevant to the organization or project requesting the funds.

EMAIL Completed Application to: pd@vaaeyc.org

For VAAEYC Use Only:

Membership Verified:	Approved By:	Date Approved:
		Total Approved:
Date sent to Treasurer:	Date Paid:	