

JWB Funded-College Scholarship Application



Applicant Name: _____ Home Phone: _____ Cell Phone: _____

Current Educational Level: _____ Have you been a resident of Florida for at least one full year? _____

Child Care Center Staff	
Work Site: _____	
Address: _____	
City: _____ Zip: _____	
Phone: _____ Position: _____	
What age group do you teach? _____	

Family Child Care Provider	
Address: _____	
City: _____ Zip: _____	
Phone: _____	
How many children do you care for? _____	
Ages of Children in Care: _____	

<p>Application Deadline: TBA prior to start of each Semester Make a copy for your records and submit completed applications to:</p> <p style="text-align: center;">Coordinated Child Care of Pinellas, Inc. 6500 102 Ave. North Pinellas Park, FL 33782 Attention: Eva Mathews Fax: 727-547-2906</p> <p>If you have questions, call Eva at (727) 547-4205 or email emathews@childcarepinellas.org</p>

Are you currently a student at St. Petersburg College?	YES	NO
If yes, what degree are you pursuing? _____		
Have you completed at least 9 credit hours in Early Childhood Education?	YES	NO
<p>NOTE: In order for this application to be complete you must submit a college transcript showing what courses you have already taken.</p>		

Explain why you would be a good candidate for this scholarship:

Applicant Signature: _____
Date: _____
If you work in a child care center, please have the director/owner sign below.
_____ Name
_____ Title

For CCC Use Only: