

AALECE Leadership Institute: Taking Charge of Change

Application for Scholarship

Applicant Contact Information

Please provide us with the most reliable way to contact you. Your information will be kept confidential. AALECE prefers email communication; however, if you do not have an e-mail address or access to a computer, we will be happy to communicate with you as you specify. The best way to communicate with you is:

e-mail
 phone
 US Mail
 Fax

| | | | |
|--------------|----------------|-----|----------------|
| Your Name | | | |
| Your Address | | | |
| City | AL | Zip | |
| E-mail | | | |
| Phone | () | Fax | () |

Additional Information: Please identify your professional status:

| | | |
|---|---|--|
| <input type="checkbox"/> Family Child Care Home | <input type="checkbox"/> Center Director/Admin* | <input type="checkbox"/> Center Classroom Teacher* |
|---|---|--|

| | | | |
|----------------|----------------|-----|----------------|
| Center Name* | | | |
| Center Address | | | |
| City | AL | Zip | |
| E-mail | | | |
| Phone | () | Fax | () |

Please identify the accomplishments achieved by you and/or your center/Family Child Care Home within the last 3 years:

| | | | |
|--------------------|---|--|---|
| T.E.A.C.H. | <input type="checkbox"/> Awarded Degree Date: | <input type="checkbox"/> Awarded CDA Date: | <input type="checkbox"/> Currently Enrolled |
| Accreditation | In Process (Describe) | Awarded Accreditation (Name Accrediting Organization) | |
| Other Achievements | Please describe your professional development or program accomplishments: | | |

Page 2: Please be sure your name is at the top of this page!

Your Name: _____

Please explain why you would like to attend the Leadership Institute, “Taking Charge of Change”.

Please tell us what this year’s Leadership Institute theme, “Taking Charge of Change”, means to you.