



**Chautauqua County Association for the  
Education of Young Children**

**CCAIEYC supports the development of  
professionals to promote quality care and  
education for the well being of all young  
children and their families.**

**Scholarship Application  
General Eligibility Information and Requirements**

First Name	Last Name
Address	City, State, Zip
Home Phone #	Work Phone #
Cell #	E-Mail Address
Place of Employment	Position

Why do you want to become a member of CCAIEYC?

As part of receiving the membership dues scholarship, you will be required to make a minimum service commitment to attend one of our green project seminars and or the annual fall conference. We also encourage you to participate on a committee of your choice. Please check the area(s) of interest in which you are willing to work to promote the mission of the Chautauqua County Association for the Education of Young Children.

ACCREDITATION		MEMBERSHIP		PROGRAMS & SERVICES	
COMMUNICATION		PUBLIC POLICY		WEEK OF YOUNG CHILD	
NEWSLETTER		FINANCE		OTHER	

If an area of interest is not indicated above, please list the area \_\_\_\_\_

How do you foresee your involvement in the Association?

By undersigning below, I understand this application and should I be awarded the member dues scholarship, I am fully aware that I will be required to make a minimum service commitment to CCAEYC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please mail completed application to:  
CCAIEYC  
P.O. Box 192  
Fredonia, NY 14063  
Attention: Kathleen Siragusa, Membership Chair

Must be received by: **May 31, 2008**

CCAIEYC membership scholarship application 2008

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