

Application

Conference Support and Scholarship Program

Conference Information

Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone Number _____ X _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Title of Conference _____

Date(s) of Event _____ Location (City) _____

Conference Attendance _____ / _____ / _____ / _____
2009 2008 2007 2006

If first year of conference, expected number of attendees _____

Total STARS training hours _____

Statement of Understanding

The information I have provided is true and accurate.

The conference will

- occur between July 1, 2009 and June 30, 2010
- have a keynote and breakout sessions
- have registration open to all interested individuals

If I provided false information or do not fulfill my responsibilities, my award request will be denied, suspended or revoked. If my organization is awarded conference support, I agree to

- Add to our conference evaluation form these questions:
 1. I have increased my knowledge and/or skills as a result of attending this conference.
strongly agree agree disagree strongly disagree
 2. I can apply information learned at this conference to the diversity of families I serve.
strongly agree agree disagree strongly disagree
- Ask attendees to complete the STARS conference evaluation at <http://www.waeyc.org/trainingevaluation.htm>
- Award scholarship to eligible applicants only
- Collect a signed scholarship form from each participant
- Submit a completed Conference Support and Scholarship Evaluation form and
- Submit a completed reimbursement form to WAEYC within 30 days from the ending date of the conference or funds will not be distributed

Signature _____ Date _____

Return with conference agenda, current or previous brochure, and completed W-9 to
WAEYC: 841 N Central Ave #206, Kent, WA 98032

Funded by

