



Early Childhood Scholarship Form FY22 – FY23: Associate or Bachelor’s Degree

Early Childhood Professional’s Name: _____

Professional’s Email Address: _____

Professional’s Phone Number: _____

What type of child care program do you work in?

- Center
 Large Family Child Care
 Family Child Care
 I don’t work in a child care

Please list up to 3 courses per semester that you wish to be covered by your scholarship. Please submit one form per semester for approval.

Name of College or University (include campus, if applicable): _____

Name of Specific Degree: _____

Course Prefix	Course Number	Course Name or Title	Course Credit Hours	Semester	Anticipated Cost

This form is to be returned to Children & Families First (CFF)

Email (preferred): scholarships@cffde.org

Mail: Children & Families First
 Attn: Scholarships
 555 Justison Street
 Suite 150
 Wilmington, DE 19801

Questions? Call 800-734-2388

A CFF Counselor is assigned to each Early Childhood Professional. The CFF Counselor will contact the Early Childhood Professional with any questions or will email back the approval. Early Childhood Professionals may register only after receiving an approved form.

Any changes to a plan will require a new form to be submitted and approved.