



Apprenticeship for Child Development Specialist
Ann Nutt Scholarship Application

This scholarship is for students of the ACDS program that need assistance with the registration fee. Family child care providers are given preference. Students may apply for the scholarship only for the current semester. Reward of the scholarship is determined by the ACDS office and will be based upon expression of need, the number of applications received and the availability of funds. Recipients will be notified of their registration waiver in writing.

Identifying Information (required)

Date: _____

Name: _____

SSN (last 5 digits): X ___ - ___ ___ ___

Email: _____

Phone: _____

Address _____

Work site _____

Supervisor Name: _____ Work number: _____

Will your employer pay your registration fee for you? _____

Which semester are you requesting a waiver of fees? _____

Please read, sign and date:

I hereby state that all statements contained within this application are true and correct. If I fail to successfully complete the semester or temporarily withdrawal from the ACDS program, all future requests for scholarship will be dismissed.

Signature: _____ Date: _____

This program is being presented with financial assistance as a grant from the West Virginia Department of Health and Human Resources and is administered by West Virginia Early Childhood Training Connections and Resources, a program of River Valley Child Development Services.