



Sue Murray Grant Application

Mail to: Sue Murray Grant Selection Committee
 923 NE Woods Chapel Road, Box 179
 Lee's Summit, MO 64064
 Postmark Deadline: **April 14, 2017**

Name _____
 Street _____
 City _____ State _____ Zip _____
 Email _____
 Work Phone _____ Home Phone _____
 Program Name _____
 Church Name _____
 Street _____
 City _____ State _____ Zip _____

General Information

How long have you been a director at your program? _____
 How many years have you been a member of the Christian Early Childhood Assoc.? _____ Is your
 program accredited? (Circle one) Yes No
 If yes, accredited through: ___Missouri ___NAEYC ___ACSI ___Other (please name)

What are your long term goals, and how will this grant help you meet your goals?

How do you intend to use the grant?

- ___ Educational Grant (applicable to tuition, books, other campus fees or registration fees,
 and expenses for specific training opportunity) Complete Section A.
 ___ Accreditation Expenses (self-study materials, fees, required equipment upgrades, etc.)
 Complete Section B.
 ___ Program improvement (equipment, program resources, etc.) Complete Section C.

Section A: Education Grant

Highest level of education completed: _____

Are you currently enrolled in a furthering education program? (Circle one) Yes No

If yes, specify school and degree sought _____

If applying for a school or program, specify school and start date? _____

Explain requirements of the program and your current level _____

If applying for specific training rather than a school, attach a copy of registration and indicate

Sponsorship

Date and Location of Training

Purpose of Training

Identify/itemize related expenses _____

Sources of Educational Support: _____% self _____% preschool/church _____% scholarship

Section B: Accreditation Grant

What type of accreditation are you seeking? _____ Missouri _____ NAEYC _____ ACSI

Number of children in your program _____

When did you begin the accreditation process? _____

What is your timeline for submitting your self-study? _____

What challenges have you met in the accreditation process? _____

Identify/itemize related accreditation expenses _____

This grant will be applied to which specific costs? _____

Amount and sources of funding for accreditation:

\$_____ Preschool/Church \$_____ Other: _____

Section C: Program Improvement

Explain your program's need _____

Identify/itemize expense _____

Projected date of completion for project or purchase _____

I have read and fully understand the guidelines of this application and certify that all the information is correct.

Signature

Date