



Accreditation Scholarship Application

Part I: Program Information

Name of Program: _____

Owner: _____ Director: _____

Assistant Director/other alternate: _____

Program Phone #: _____ Cell/Alternate Phone#: _____

Fax #: _____

Address: _____ City: _____

State: OK Zip Code: _____ County: _____

Mailing address (if different from above): _____

E-mail address: _____ Web address (if applicable): _____

License# K8: _____ License Date: _____ 6-month Permit date _____

Program Start – Up Date: _____

Current Star Status: _____ If 3 STAR, please list accrediting body & any previous accreditations:

If currently NAEYC Accredited, please list the date of your Accreditation:

Child Capacity and Enrollment:

_____ Licensed Capacity Total

_____ Current Enrollment Total



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Part II: Financial information:

Program Structure: (check one)

Corporation/Non-Profit Corporation/For-Profit Private Non-Profit

Limited Liability Corporation Proprietor/Sole Owner

Specify Program Financial Supports: **check all that apply*

State/Tribal Subsidy Head Start Early Head Start

Scholarships/Grants United Way Discount: Employee/Employer

Scholarship request:

Fee Assistance for Application

Fee Assistance for NAEYC Accreditation Maintenance (Annual Report/ Renewal)

If you are not currently NAEYC Accredited, please tell us a little about your program and why you are pursuing NAEYC Accreditation: *Add additional pages if necessary*

If you are currently NAEYC Accredited, please share some of the steps your program has taken to meet the standards of quality set forth by NAEYC: *Add additional pages if necessary*

NAEYC Accreditation has an annual fee schedule. Does your program have a financial plan in place to secure these funds in the future? yes no **If yes, please explain:** *Add additional pages if necessary*

For OKAEYC office use only

Date application received:

Application review date:

Funds Awarded:

Accreditation Specialist Assigned to Program: