



APPLICATION

TOBY BRAVERMAN EARLY CHILDHOOD SCHOLARSHIP AWARD

Name _____

Address _____

Telephone (H) _____ (W) _____

1) **Educational experiences:**

WHERE/WHEN (INCLUDE ELEMENTARY/SECONDARY/POST-SECONDARY)

2) **Experiences working with children:**

3) **Membership in professional organizations:**

4) **College you will be enrolled in for September:**

5) **Please attach:**

- YOUR CURRENT COLLEGE TRANSCRIPTS
- TWO LETTERS OF RECOMMENDATION
- YOUR TWO-PAGE STATEMENT INCLUDING:
 - ✓ CAREER GOALS
 - ✓ PHILOSOPHY OF EARLY CHILDHOOD NEEDS AND TEACHER QUALITY REQUIREMENTS

SEND THIS FORM AND THE REQUIRED ATTACHEMENTS TO:

THE TOBY BRAVERMAN SCHOLARSHIP COMMITTEE
C/O CHILD CARE RESOURCES OF ROCKLAND
235 NORTH MAIN STREET
SUITE 11
SPRING VALLEY, NY 10977-4108