

# Sue Murray Grant Fund

*Sponsored by the Christian Early Childhood Association of Greater Kansas City*

Annual Award Amount: \$500

Purpose: To encourage further education for Christian Early Childhood Association directors in the field of early childhood education and support efforts for national and state accreditation.

The Sue Murray Grant Fund was created to honor and recognize over 34 years of service by one of the founding members of the Christian Early Childhood Association who remained actively involved until her retirement in 2003. As director of Ward Parkway Preschool, Sue Murray successfully led efforts to become one of the first Missouri accredited programs in the community and continued the process to become nationally accredited.

## **Application Guidelines:**

- ★ **Deadline April 15, 2012**
- ★ Must be submitted by a director who is an active member of the Christian Early Childhood Association. Active participation is defined as being up to date on dues, attending roundtable meetings and summer director's day seminar, and volunteering for one or more time slot at the CECA Summer Seminar.
- ★ Funds can be applied to a specific director or program.
- ★ Provide two letters of reference from someone familiar with your goals (pastor, board member, other directors, accreditation consultant, etc.).
- ★ Applications should include a current resume.
- ★ Funds can be used for:
  - ☺ Tuition, books, fees for an approved formal education program
  - ☺ Registration fees, travel expenses for approved training opportunity sponsored by a professional early childhood education organization (ex, NAEYC, Project Construct, Creative Curriculum, Conscious Discipline, Center Director's Institute etc.)
  - ☺ Accreditation expenses including application fees, validation fees, required equipment purchases, curriculum materials, consultant fees, etc.
- ★ Appropriate documentation of authorized expenses will be required.

For further information, contact Cindy Miller, Board Member of Christian Early Childhood Association at (816) 761-5441 or [grantfund@cecakc.org](mailto:grantfund@cecakc.org).

# 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 15, 2012**

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
street city state zip

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

Program Name \_\_\_\_\_

Church Name \_\_\_\_\_

Program Address \_\_\_\_\_  
street city state zip

## General Information

How long have you been a director at your program? \_\_\_\_\_

How many years has your program been a member of the Christian Early Childhood Association? \_\_\_\_\_

Is your program accredited? Yes No \_\_\_ Missouri \_\_\_ NAEYC \_\_\_ ACSI \_\_\_ Other(please name)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Check how you would use the grant

- Educational Grant (applicable to tuition, books, other campus fees or registration fees, and expenses for specific training opportunity)
- Continue to Section A and complete.
- Accreditation Expenses (self-study materials, fees, required equipment, etc.)
- Continue to Section B and complete.

**Section A: Education Grant** (complete only if applying for educational funds)

Highest level of education completed: \_\_\_\_\_

Are you currently enrolled in a further education program? Yes No

If yes, specify school and degree/training hours sought \_\_\_\_\_

If no, what program will you apply for and when will you begin?

Explain requirements of the education program and your current level \_\_\_\_\_

If applying for a specific training opportunity, attach a copy of registration and indicate

◆ Sponsorship

◆ Date and Location of Training

◆ Purpose of Training

Outline Educational/Training Expenses \_\_\_\_\_

Sources of Educational Support: \_\_\_\_\_% self \_\_\_\_\_% preschool/church \_\_\_\_\_% scholarship

**Section B: Accreditation Grant** (complete only if applying for accreditation funds)

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? \_\_\_\_\_

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Outline accreditation expenses \_\_\_\_\_

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This grant will be applied to which specific costs? \_\_\_\_\_

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Amount and sources of funding for accreditation:

\$ \_\_\_\_\_ Preschool/Church

\$ \_\_\_\_\_ Other: \_\_\_\_\_

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

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*