

Phyllis Bramson CCFP Roundtable

Annual Conference Scholarship Application

In honor of the late Phyllis Bramson, Director of the Nutrition Services Division at the California Department of Education, and longtime advocate for the Child and Adult Care Food Program, the CCFP Roundtable will award one full scholarship to this year’s conference. The scholarship recipient will receive one free registration, free lodging for 3 nights at the conference hotel. All other expenses including transportation, ground transportation, parking and meals must be covered by the applicant.

To be eligible an applicant must first be a member of the CCFP Roundtable. Second, the applicant must

document financial need. Third, the recipient will be asked to perform some task in support of the

conference such as room monitor, or a turn on the registration or sales desk, as necessary. Finally, the

recipient will be expected to share what they have learned back at their organization.

All scholarship applications must be received no later than August 1, 2017. Only one scholarship per

year will be awarded. Priority will be given to applicants who have not had a scholarship in the past,

whose application demonstrates the most need and whose commitment to share the information

learned is most **compelling.**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLETE ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROUNDTABLE MEMBER: YES \_\_\_\_\_ NO \_\_\_\_\_

1. HAS APPLICANT ORGANIZATION EVER RECEIVED A ROUNDTABLE CONFERENCE SCHOLARSHIP? YES \_\_\_\_\_ YEAR: \_\_\_\_\_\_ NO \_\_\_\_\_
2. PLEASE DESCRIBE YOUR FINANCIAL NEED FOR A SCHOLARSHIP:
3. If you receive this scholarship, how would you share the information learned? Please describe in detail how this conference learning experience would be shared with other staff, providers or anyone in your CACFP community. Remember, be compelling.