



## CAROL ELY SCHOLARSHIP FUND

Carol Ely joined the National Association for the Education of Young Children in 1961. She served as president for both the New York State affiliate and her local Rochester affiliate. Carol wanted early childhood education students to have the experience of attending the NYSAEYC Annual Conference. She believed the opportunity for students to attend this professional event with colleagues, who share an enthusiasm and commitment to the care and education of young children, to be a critical component of their professional development. In recognition of her support of NYSAEYC and early childhood students her family made a generous donation to implement the Carol K. Ely Student Scholarship Fund. This fund has continued to grow through the generation donations of many of our members, who share Carol's commitment to AEYC and the support of students in their professional growth.

### NYSAEYC MISSION STATEMENT

The New York State Association for the Education of Young Children's mission is to promote excellence in early care and education services for New York State children and families through education, advocacy and the support of the profession.

### ELIGIBILITY CRITERIA

- Student must be an Early Childhood Major
- Full-time or part-time students
- Provide NYSAEYC with a current student identification card

### PREFERENCES GIVEN TO STUDENTS WHO:

- Are members of NYSAEYC
- Are willing to volunteer for some portion of the conference

### SUBMIT COMPLETED APPLICATION TO:

Postal Mail: NYSAEYC  
230 Washington Avenue Extension  
Albany, NY 12203

Email: [contactus@nysaeyc.org](mailto:contactus@nysaeyc.org)  
Subject: Carol Ely Scholarship Application

Fax: 518-867-3520

**APPLICATION DUE DATE: FRIDAY, FEBRUARY 20, 2015**

Contact NYSAEYC with any questions at 518-867-3517 or [contactus@nysaeyc.org](mailto:contactus@nysaeyc.org).



## CAROL ELY SCHOLARSHIP FUND APPLICATION

**The Carol Ely Scholarship was established with the goal of providing support to students to attend the NYSAEYC Annual Conference.**

**Name:**

**Address:**

**Phone (home):**

**Fax:**

**Phone (work):**

**Email address:**

**College:**

**Major:**

**Advisor:**

**Priority consideration will be given to those who are willing to volunteer during their time at the conference.**

Would you be willing to volunteer some portion of your time at the conference? **Yes** \_\_\_\_ **No** \_\_\_\_

Are you a member of NYSAEYC? **Yes** \_\_\_\_ **Member #** \_\_\_\_\_ **No** \_\_\_\_

Are you presenting as a part of the Student Poster session? If so, please indicate which day.  **Friday**  **Saturday**

What package are you applying for:  **Pkg A -Thurs. Keynote & meal event, Fri & Sat workshops, Fri awards event**

**Pkg B- Fri & Sat workshops only**  **Pkg C – Friday or Saturday Workshops (Please circle day preferred)**

If you selected Package C are you able to be flexible about which day you attend? **Yes** \_\_\_\_ **No** \_\_\_\_

**MAIL APPLICATION, AND COPY OF STUDENT IDENTIFICATION TO:**

**NEW YORK STATE ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NYSAEYC)**

**230 Washington Avenue Extension**

**ALBANY, NEW YORK 12203**

**Deadline February 20, 2015**

