***2007 – 2008 Scholarship***

**CPR/First Aid funding for San Francisco Family Child Care Providers**

Wu Yee Children’s Services and Children’s Council of San Francisco are pleased to announce that scholarship funds are available for San Francisco family child care applicants or licensed family child care providers to reimburse for the cost of CPR/First Aid, CPR re-certification classes for a maximum up to $100. Applications must be received by June 15, 2008, and funds are distributed on a first-come, first-served basis. Please submit this form to place your name on the eligibility list. Once you have completed the training/course, you need to submit your documentation (see requirements below) as soon as possible. This is a one time reimbursement fund for each provider.

You are eligible for reimbursement if:

- You completed any CPR/First Aid class, or CPR re-certification (e.g. City College, Public Health or Red Cross etc.) between July 1, 2007 and June 30, 2008.
- You have not received reimbursement from another source between July 1, 2007 and June 30, 2008.

To apply for reimbursement, please complete the form below and submit the following to Wu Yee Children’s Services only at 706 Mission Street, 6th Floor, San Francisco, CA 94103:

1. The application form
2. Original receipt verifying proof of payment
3. Copies of Certificates or other proof of completion
4. A copy of license (if applicable)

For more information, please contact Vivian Wong at (415) 354-3867 or vivian@wuyee.org

Funding from the Department of Human Services.

***2007 – 2008 Scholarship***

**CPR/1st Aid Training Reimbursement Funds for San Francisco Family Child Care Providers Application Form**

Name: ____________________________ Telephone: ____________________________

Address: ____________________________ Zip Code: _____________

Date of Training/Course: _______________ Cost of Training/Course: ____________________________

Location of Training/Course: ____________________________

RETURN TO:
Wu Yee Children’s Services
706 Mission Street, 6th floor
San Francisco, CA 94103
Attn: Vivian Wong

For Office Use Only:
Received by: ____________________________ Application amount: ____________________________
Amount Approved: ____________________________ Approved by: ____________________________
Professional Development Scholarships
for Family Child Care Providers

Wu Yee Children’s Services and Children’s Council of San Francisco are pleased to announce that scholarships for a maximum up to $150 are available for licensed San Francisco family child care providers. These scholarships will assist with the tuition and book(s) for unit bearing classes (see below for accepted classes). Classes must have been completed between July 1, 2007 and June 30, 2008. Proof of attendance and completion is required and all information must be received on June 15, 2008 and funds are distributed on a first-come, first-served basis. Please submit this form to place your name on the eligibility list. Once you have completed the units, mail the original receipt for tuition, book(s), and unofficial transcript showing you completed the classes with a “C” or better. This is a one time reimbursement fund for each provider.

The following classes are accepted from any Community College:
- English as Second Language (ESL)
- Remedial Reading
- Remedial Math
- Early Childhood Education
- Child Development
- General Education

If you are interested in applying for these funds, please complete the attached form and mail the form and any available documentation to the following address:
Wu Yee Children’s Services
Attn: Vivian Wong
706 Mission Street, 6th Floor,
San Francisco, CA 94103

For more information, please contact Vivian Wong at (415)354-3867 or vivian@wuyee.org.

Funding provided by Department of Human Services.

---

2007-2008 Professional Development Scholarship for Family Child Care Providers Application Form

Name: _______________________________ Telephone: ______________________________
Address: _______________________________ Zip Code: ______ E-mail: ______________________________
Current License Number: _______________________________ □ Copy of your current facility license

<table>
<thead>
<tr>
<th>Date of Class</th>
<th>Name of Class/School</th>
<th># of Units</th>
<th>Tuition</th>
<th>Book(s) Amount</th>
<th>Receipt Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Applicant: _______________________________ Date: ______________________________

---

For Office Use Only:
Received by: ______________________________ Application amount: ______________________________
Amount Approved: ______________________________ Approved by: ______________________________