

## IOWA AEYC TONY LACY MEMORIAL MEMBERSHIP SCHOLARSHIP APPLICATION

*The Tony Lacy Membership Scholarship is in honor of the late Tony Lacy. Tony Lacy was the ultimate early childhood professional. As a long-time early childhood teacher at Iowa Health Systems Child Development Center, he was a role model for hundreds of us. He walked the talk in the classroom following best practices. He taught hundreds of children to follow his own learning guidelines: Do your personal best, no put-downs, be trustworthy, use active listening, and be truthful. Tony was a trainer for CCR&R and had his own training company. He was not afraid to challenge practitioners to move outside of their own boxes and follow Developmentally Appropriate Practices. He advocated for support and resources for early childhood professionals. Tony's biggest commitment was to the goal of moving our profession forward. As a long-time member of the Iowa AEYC Governing Board, he was a strong advocate for NAEYC membership. He recruited and empowered dozens of individuals to not only become AEYC members, but to get involved and truly make a difference in the lives of early childhood professionals, children, and families. Donations to Iowa AEYC and the fundraising raffle at the Annual Fall Institute make this annual scholarship possible.*

*Applications are accepted on an ongoing basis. Each year applications received by December 31 will be awarded following the January Governing Board meeting.*

### 1. Description of Award

The Tony Lacy Membership Scholarship is to pay for individuals' membership into Iowa AEYC and the National Association for the Education of Young Children (NAEYC).

### 2. Availability

- A. Iowa AEYC will have a limited number of scholarships available this year.
- B. Both new and renewing members may apply.
- C. If funding is limited, priority will be given to first time applicants, over those who have received this scholarship in the past five (5) years.

### 3. Selection Criteria

Applicant must:

- A. Work directly with children or with early care and education personnel.
- B. Have been in the early childhood field for at least one (1) year.
- C. Indicate how a membership will help you to become more active in the field/profession and in AEYC.

### 4. Application Procedure

- A. The completed and signed application form must be postmarked by **December 31** of the current year to be awarded following the January board meeting.
- B. A signed letter of support **MUST** be included (enclosed or attached).

### 5. Selection and Notification Process

- A. Iowa AEYC staff will review the application for completeness (including a signed letter of support) and that the applicant meets the selection criteria above.
- B. A committee of three (3) Iowa AEYC members shall constitute the Tony Lacy Membership Scholarship Review Committee. The committee will make recommendations to the Governing Board at the January Governing Board meeting.
- C. Applicants will be notified of the Iowa AEYC Governing Board's decision no later than February 1.

### 6. Follow-up

- A. The recipient will be required to fill out a survey during their membership year.
- B. The recipient will be required to provide feedback to Iowa AEYC about their experience as a member of Iowa AEYC.
- C. If the follow-up requirements are not met, the recipient will not be eligible for future Tony Lacy Membership Scholarships.

# IOWA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

## IOWA AEYC TONY LACY MEMORIAL MEMBERSHIP - LETTER OF SUPPORT

*Note: This is a fillable form. Click into the shaded areas and enter the appropriate information.*

I agree that \_\_\_\_\_ would benefit from membership with Iowa AEYC/NAEYC

I believe that she/he would utilize the information learned to advance the mission of Iowa AEYC

### *IOWA AEYC MISSION:*

Iowa AEYC promotes high-quality early learning for all children, birth through age 8, by connecting practice, policy, and research. We advance a diverse, dynamic early childhood profession and support all who care for, educate, and work on behalf of young children.

I believe that a membership would help her/him support the goals of Iowa AEYC

### *IOWA AEYC MISSION:*

- Iowa AEYC advances developmentally appropriate practices as indispensable for children birth through age 8 as a mark of high quality early learning. (High Quality Early Learning)
- Iowa AEYC enhances the early childhood education profession to exemplify excellence to be recognized as vital in performing a critical role in society. (The Profession)
- Iowa AEYC is a highly valued, credible, and visible organization. (Organizational Advancement)
- Iowa AEYC reliably and effectively functions in response to the early learning community. (Organizational Excellence)
- Iowa AEYC maintains a dynamic leadership presence and offers a wide variety of opportunities for leadership development. (Leadership and Innovation)

Please obtain three signatures in support of your application:

I support this application for membership:

Signature	Printed name	Email address	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# IOWA AEYC TONY LACY MEMORIAL MEMBERSHIP SCHOLARSHIP APPLICATION

Please read the cover page of this application carefully before submitting your application. Incomplete applications and applications without a letter of reference will not be considered.

Applications postmarked by December 31 will be considered following the January Governing Board Meeting.

*Note: This is a fillable form. The tab button will move you from one fillable field to the next. Click into the appropriate boxes  for yes/no and your choice of membership level and publication when necessary.*

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **Iowa** Zip: \_\_\_\_\_

Daytime phone with area code: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Job title/role: \_\_\_\_\_

Length of time you have been in the early childhood field? \_\_\_\_\_ years.

(List other roles you have held, if appropriate)

\_\_\_\_\_

Describe your current position working with children or early childhood personnel.

\_\_\_\_\_

What is your long-term career goal?

\_\_\_\_\_

How did you find out about NAEYC/Iowa AEYC?

\_\_\_\_\_

If you work in an early care and education program, is your program accredited?  Yes  No

If you work in an early care and education program, is your program participating in the QRIS?  Yes  No

If you were a member in the past, please share the name (if different) that your membership was in.

\_\_\_\_\_

Describe how you plan to become active professionally, i.e., attend or support events/functions of local, state, or national AEYC, do advocacy, join committees.

\_\_\_\_\_

[Membership category](#) you are applying for:

Standard Level: \$69 value

If you are awarded this scholarship and choose the standard level, please tell us what publication you would like to receive:

[Young Children](#)       [Teaching Young Children](#)

(It is an additional cost to you of \$30 if you select both periodicals.)

Premium Level: Iowa AEYC pays \$69 of the \$150 membership cost; you pay the additional \$81.

Premium level includes both [Young Children](#) and [Teaching Young Children](#).

**REMEMBER:**

- 1. Application must be complete or application will not be considered.**
- 2. Signed Letter of support must be included.**

SEND TO:

By mail:

Pat Dautremont

Iowa Association for the Education of Young Children

5525 Meredith Drive, Suites F

Des Moines, IA 50310

By fax: 515.331.8995

Or by email: [membership@iowaaeYC.org](mailto:membership@iowaaeYC.org)