



Apprenticeship for Child Development Specialist  
**Ann Nutt Scholarship Application**

**Identifying Information (required)**

Name: \_\_\_\_\_ SSN (last 5 digits): X \_ - \_ \_ \_ \_

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

Address \_\_\_\_\_

Work site \_\_\_\_\_

Work site address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Work number: \_\_\_\_\_

Work hours/week \_\_\_\_\_

Will your employer pay your registration fee for you? \_\_\_\_\_

Which semester(s) are you requesting a waiver of fees?

- First
- Second
- Third
- Fourth

**Please read, sign and date:**

I hereby state that all statements contained within this application are true and correct. If I fail to complete or withdrawal from the ACDS program, all future waivers of fees will be dismissed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_