



New Jersey Association for the  
Education of Young Children

## **2023 Week of the Young Child Event Grant – April 1-7, 2023**

NJAEYC is offering a grant to encourage NJAEYC members to organize activities for Week of the Young Child. The event should promote awareness of young children, their families, and the early childhood programs that serve them.

Grants will be awarded to selected NJAEYC members for their celebration planned to be held during the WOYC. Non-members may join at [www.naeyc.org/membership](http://www.naeyc.org/membership) in order to apply for this grant. Members who have not previously applied for the grant will be considered first.

Please submit the attached application and your event flyer by March 1<sup>st</sup>, 2023 to be eligible for consideration. Successful applicants will be notified by March 17<sup>th</sup>, 2023.

By signing the application, the recipient acknowledges that any funds received from NJAEYC will be used for a WOYC activity. Any funds that remain will be returned to NJAEYC. If approved, the recipient will submit a final report, including photos of the event by the end of the week. It should be understood that any photos submitted may be used on NJAEYC social media outlets, so please be sure that appropriate photo releases have been obtained.

**We encourage you to contact your local legislator and invite them to your center during this week of celebration. If you arrange for a visit, please let us know so we can also attend.**

If you have any questions, please contact Helen Muscato at [mail@njaeyc.org](mailto:mail@njaeyc.org) and submit all completed applications to [mail@njaeyc.org](mailto:mail@njaeyc.org).



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

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

Name of school/center: \_\_\_\_\_

School/center Mailing Address: \_\_\_\_\_

School/Center Phone #: \_\_\_\_\_

# of children expected to participate in this activity/celebration/event: \_\_\_\_\_

Age of children who will participate in this activity/celebration/event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Place of Event: \_\_\_\_\_

Amount requested for this event \$ \_\_\_\_\_

Please attach a detailed description of the proposed activity, including the goals and/or objectives, and the proposed budget breakdown.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name



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**Reimbursement Request for WOYC Grants**

A valid receipt/statement is required for payment and must accompany this form for reimbursement. Approved requests should be submitted to: **NJAEYC - PO Box 1024, Barnegat Light, NJ 08006** or [mail@njaeyc.org](mailto:mail@njaeyc.org)

*(Please Print)*

Make check payable to:	
Mailing Address:	

Date	Item	Purpose

**Total Amount Due**

Date Submitted	
Submitted by	