



# **REGION VI HEAD START ASSOCIATION**

## **2023**

# **SCHOLARSHIP PACKAGE**

**Scholarships and Awards Instructions for Region VI Applicants**

**TO**                    **Region VI Head Start Association State Presidents & State Collaboration Directors**

**FROM**                **Region VI Head Start Association**

**DATE**                **April 3, 2023**

**RE:**                  **Region VI Head Start Association Scholarship Application Booklet**

The Region VI Head Start Association Booklet of Awards and Scholarships is attached. This booklet will be e-mailed to each State President and Collaboration Director, to be shared with each Head Start/Early Head Start grantee. Grantees are asked to share the scholarship information with **staff, parents, former Head Start students, volunteers and friends of Head Start.**

The Region VI Scholarships and Awards are given annually; therefore, each local agency can begin its selection process early, to submit to your State Association prior to the due date. **PLEASE NOTE: Grantees in each state can only submit ONE (1) SCHOLARSHIP/AWARD APPLICATION PER CATEGORY.**

**NOTE:** Previous recipients of **REGION VI SCHOLARSHIPS OR AWARDS ARE NOT ELIGIBLE.** Please read and follow instructions in completing all applications.

***Region VI Scholarships and Awards Submission Deadlines:***

<b>Deadline</b>	<b>Submitting Agency</b>	<b>Receiving Agency</b>
<b>May 3, 2023</b>	<b>Local Applicant to grantee</b>	<b>Local HS/EHS Agency</b>
<b>June 3, 2023</b>	<b>Grantee to local agency contact</b>	<b>State Associations Contacts (below)</b>
<b>July 3, 2023</b>	<b>Local Agency to State Association</b>	<b>Region VI HSA - Dr. Alferma Giles</b>

**LOCAL GRANTEES:** Submit **ELECTRONIC SCHOLARSHIP APPLICATIONS** to the State Head Start Association contacts below from your state. Please adhere to the application deadlines. **Hand mailed, late, incomplete & handwritten applications will not be excepted! No exceptions!**

<b>State</b>	<b>Contact</b>	<b>Address</b>	<b>Telephone/E-mail</b>
<b>Arkansas</b>	<b>Jackie Govan</b>	Arkansas Head Start-State Collaboration Office Union Station Building 1400 West Markham, Ste 406 Little Rock, AR 72201	(501) 371-0740 <a href="mailto:jackie.govan@arheadstart.org">jackie.govan@arheadstart.org</a>
<b>Louisiana</b>	<b>Johnnie Belle Chavis</b>	Save the Children 3600 Jackson Street, Suite 114 Alexandria, LA. 71301	<a href="mailto:jchavis@savechildren.org">jchavis@savechildren.org</a>
<b>Oklahoma</b>	<b>Donna M. Hicks</b>	Big Five Community Services 910 W. Main Marietta, OK 73448	Office 580-276-3198 Mobile 580-238-0123 <a href="mailto:dmhicks@bigfive.org">dmhicks@bigfive.org</a>
<b>New Mexico</b>	<b>Ernestine Padilla</b>	Youth Development, Inc. Early Childhood Education & Development Division 3451 Candelaria Rd NE, Suite A Albuquerque, NM 87107	(505) 212-7202 <a href="mailto:empadilla@ydinm.org">empadilla@ydinm.org</a>
<b>Texas</b>	<b>Dr. Alferma Giles</b> <i>Scholarship Chairperson</i>	Texas Head Start State Collaboration Office 7000 Fannin St., Suite 2300 Houston, TX 77030	(713) 500-3835 <a href="mailto:alferma.crawford@uth.tmc.edu">alferma.crawford@uth.tmc.edu</a>



## **REGION VI HEAD START SCHOLARSHIPS & AWARDS**

- 1. Allie J. Mitchell Scholarship - (Head Start Graduates)**
- 2. Goodie Wickland – (Parent Scholarship)**
- 3. Volunteer of the Year Award**
- 4. Head Start Staff Education Scholarship**
- 5. Friend of Head Start Award**

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# Grantee & State Associations

## Submit Region VI Head Start Scholarship and Awards to:

Texas Head Start State Collaboration Office

Dr. Alferma Giles

[alferma.crawford@uth.tmc.edu](mailto:alferma.crawford@uth.tmc.edu)

**Local Level — Grantee: ONE (1) SCHOLARSHIP/AWARD APPLICATION PER CATEGORY FROM EACH GRANTEE CAN BE SUBMITTED.**

- **Applicants** at the local level/grantee, submit applications to grantee program by **May 3, 2023**.
- **Grantee submitting applications** must have met eligibility criteria for:
  1. Membership in State Association (**provide proof of agency membership**)
  2. Contributor to NHSA Dollar Per Child Campaign (**provide proof of agency contribution**)
- **Grantee** makes selections and submit applications to **State Association Contact** (as identified by state) by **June 3, 2023**.

### **State Association**

- State Association contact determines eligibility, screens applications according to criteria and confirms selections from their respective state.
- State Association contact emails applications with all certification to the email address listed above to the scholarship chairperson by **July 3, 2023**.

### **Region VI Selection Process**

- Region VI Head Start Association contact (scholarship chairperson ) will review all Region VI Scholarships/Award Applications from each state.
- Winners/Recipients of Region VI Scholarships/Awards, State Associations and Collaboration Directors will be notified of selections no later than **July 10, 2023**.

Please follow all instructions in the application process in order to qualify.

**HAND MAILED, LATE, INCOMPLETE & HANDWRITTEN APPLICATIONS  
WILL NOT BE ACCEPTED! NO EXCEPTIONS!**

TO: Head Start Family

FROM: Region VI Head Start Association  
Instructions for awards and scholarships

The Region VI Head Start Association strongly encourages each local grantee or delegate program to seek nominees to apply for the awards and scholarships described in this booklet. It is our goal to continue to recognize deserving individuals who are making outstanding contributions to Head Start programs.

### **INSTRUCTIONS**

1. **ALL APPLICATIONS MUST BE TYPEWRITTEN! HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED!**
2. **Grantee or delegate** must review all applications prior to submitting them to the State Association contacts listed.
3. Submit **ONE (1) SCHOLARSHIP/AWARD APPLICATION PER CATEGORY** from each grantee!
4. **Each state must** maintain complete copies of the application, selection process, minutes from committee meetings or conference calls, and all pertinent information reviewed to ascertain a fair decision.
5. Descriptions, application procedure and rating criteria are described for each award or scholarship.
6. An announcement of winners will be emailed to **State Presidents** to inform their applicants of the results. Head Start Collaboration Directors will be asked to support with contacting awardees as needed.
7. Scholarships/Awards will be presented during the Region VI Head Start Association Conference. Scholarship recipients are encouraged to attend but is not mandatory.
8. Region VI Head Start Association will not be responsible for travel of winners or nominees to attend the conference.
9. **Head Start/Early Head Start Agency** must be a member of the State Head Start Association in your respective state. *Please provide documentation.*
10. **Each agency** (of the applicant that applies) must participate in the Dollar per Child Campaign. *Please provide documentation of participation for the applicant to submit.*
11. **Each grantee** will select one applicant per scholarship/award category to submit to the **state association contact in their state** to review and submit to the **Region VI HSA**.
12. The **Awards and Recognition Committee** will review the final selection from each state to ensure all information is included. Failure to meet any of the criteria and the above information will result in automatic elimination. As a result, the state will forfeit the opportunity to receive the scholarship or award.

# **REGION VI HEADSTART ASSOCIATION**



**ALLIE J. MITCHELL  
SCHOLARSHIP  
FORMER HEAD START STUDENT**

**REGION VI HEAD START ASSOCIATION  
ALLIE J. MITCHELL SCHOLARSHIP  
FORMER HEAD START STUDENT**

**ELIGIBLE APPLICANT**

Former Head Start student who has **recently graduated from High School**

**SCHOLARSHIP TO BE AWARDED**

**\$1,000.00** for each State's Nominee to be paid to the institution where student is enrolled.

**QUALIFICATIONS - INFORMATION NEEDED TO APPLY**

A Head Start graduate who has **recently graduated high school**, and has enrolled in a four-year college, a junior college, a technical or vocational school, beauty school, business college, truck driving school, trade school, etc., or a Head Start graduate currently enrolled with at least one semester or quarter completed. (Applicant employed by a Head Start agency is ineligible).

**Each state may submit only one application to be considered for the award.** This applicant is to be chosen by the State Association from applications received from eligible applicants via local Head Start Grantees.

Application must have the following attached:

1. A letter **or** statement from institution verifying that applicant has enrolled. If student is currently enrolled, letter/statement must include that applicant is in good academic standings, **or** verification must be noted on the student's transcript.
2. A copy of transcript from college attached to application (if currently enrolled)
3. Letter of reference from Head Start Program Director
4. Composition of five hundred words or less must be attached defining or discussing each of the areas listed:
  - Personal goals
  - Financial needs of applicant
  - Plan for completing current college degree/education
5. Recipient must provide a follow-up report to the Region VI Head Start Association within six-months of receiving the \$1,000.00.
  - The report must include how the funds were actually used toward education coursework or degree.

## REGION VI HEAD START ASSOCIATION ALLIE J. MITCHELL SCHOLARSHIP CHECK LIST

1. **Completed application form (typewritten)** \_\_\_\_\_
  - A copy of transcript
  - A letter **or** statement from institution verifying that applicant is enrolled and in good standing with institution **or** verification must be noted on the student's transcript.
2. Paragraph of financial assistance needs \_\_\_\_\_
3. Personal goal statement \_\_\_\_\_
4. Composition of applicant's plans for furthering his/her education \_\_\_\_\_
5. Letter of reference from Head Start Program Director \_\_\_\_\_

NOTE: **Remember all compositions must be typed.** Also, any additional information which the student feels could help in their competition, can be submitted, such as copies of awards, recognition, pictures, etc. Be creative!!! The more visuals and information that the Committee can see will help it in their decision. The Committee is interested in seeing the accomplishments the Head Start Students have made in their lives. Information submitted will not be returned.

### JUDGING POINT SYSTEM

Each applicant will be judged in the areas as stated below:	MAX. POINTS	TOTAL
• Completeness of typed application	10	_____
• Paragraph of financial assistance needs	30	_____
• Personal goal statement	20	_____
• Composition of plans for furthering his/her education	20	_____
• Letter of reference from Head Start Director	20	_____
<b>Total Points</b>	<b>100</b>	_____



**REGION VI HEAD START ASSOCIATION  
ALLIE J. MITCHELL SCHOLARSHIP APPLICATION**

**HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED!**

**NAME OF APPLICANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **STUDENT COLLEGE ID#:** \_\_\_\_\_

**MAILING ADDRESS (student):** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CURRENT OCCUPATION:** \_\_\_\_\_

**HEAD START PROGRAM GRADUATED FROM & ENROLLMENT DATES:** \_\_\_\_\_

**HIGH SCHOOL & GRADUATION DATE:** \_\_\_\_\_

**INVOLVEMENT IN LOCAL HEAD START PROGRAM:** \_\_\_\_\_

**COMMUNITY SERVICE WORK:** \_\_\_\_\_

**COLLEGE/INSTITUTION NOW ATTENDING OR ENROLLED TO ATTEND:** \_\_\_\_\_

**COLLEGE/INSTITUTION - FINANCIAL AID OFFICE ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

*(Where the award check will be mailed. **Please check** with the institution to ensure the address is correct)*

**FIELD OF STUDY:** \_\_\_\_\_

**HOURS OR SEMESTERS ACQUIRED TO DATE (if any):** \_\_\_\_\_

**CURRENT SOURCE OF FINANCIAL ASSISTANCE TO ATTEND SCHOOL:** \_\_\_\_\_

**FUTURE DESIRES/ASPIRATIONS:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HEAD START DIRECTOR'S SIGNATURE & DATE:** \_\_\_\_\_

**NAME & LOCATION OF HEAD START PROGRAM:** \_\_\_\_\_

# **REGION VI HEAD START ASSOCIATION**



## **GOODIE WICKLAND PARENT SCHOLARSHIP**

**REGION VI HEAD START ASSOCIATION**  
**GOODIE WICKLAND PARENT SCHOLARSHIP**

**ELIGIBLE APPLICANT**

A parent who currently has a child enrolled **or** a parent who has had a child previously enrolled **(within the last two years)** in a Head Start Program. (Parents employed in a Head Start Program are ineligible).

**SCHOLARSHIP TO BE AWARDED**

**\$500.00** for each State's Nominee to be paid to the institution where student is enrolled.

**QUALIFICATIONS - INFORMATION NEEDED TO APPLY**

A Head Start parent is defined above and is currently enrolled in a four-year college, a junior college, a technical or vocational school, beauty school, business college, truck driving school, trade school, etc.

**Each state may submit only one application.** This applicant is to be chosen by State Association from applications received from eligible applicants via way of local Head Start grantees.

Application must have the following attached:

1. A letter **or** statement from institution verifying that applicant is enrolled and is in good academic standings, **or** verification must be noted on the student's transcript.
2. Letter of recommendation from Head Start Program Director
3. A copy of transcript from college attached to application
4. Composition of 300 hundred words or less must be attached defining or discussing each of the areas listed:
  - Personal goals
  - Financial Needs of applicant
  - Plan for completing current college degree/education
5. Recipient must provide a follow-up report to the Region VI Head Start Association within six-months of receiving the \$500.00.
  - The report must include how the funds were actually used toward education coursework or degree.

**REGION VI HEAD START ASSOCIATION  
GOODIE WICKLAND PARENT SCHOLARSHIP  
CHECK LIST**

1. **Completed application form (typewritten)** \_\_\_\_\_
  - A copy of transcript
  - A letter or statement from institution verifying that applicant is enrolled and in good standing with institution or verification must be noted on the student's transcript
2. Letter of recommendation from Head Start Program Director \_\_\_\_\_
3. Paragraph of financial assistance needs \_\_\_\_\_
4. Personal goal statement \_\_\_\_\_
5. Composition of applicant's plans for furthering his/her education \_\_\_\_\_

NOTE: Remember all compositions and applications must be typed. Also, any additional information which the applicant feels could help in this competition can be submitted, such as copies of awards, recognition, pictures, etc. Be creative!!! The Committee is interested in seeing what accomplishments the Head Start applicant has made in his/her life. Materials submitted will not be returned. Please keep this in mind.

**JUDGING POINT SYSTEM**

Each applicant will be judged in the areas as stated below:	MAX. POINTS	TOTAL
• Completeness of typed application	10	_____
• Paragraph of financial assistance needs	30	_____
• Personal goal statement	20	_____
• Composition of plans for furthering his/her education	20	_____
• Letter of recommendation from Head Start Director	20	_____
<b>Total Points</b>	<b>100</b>	_____

**GOODIE WICKLAND  
SCHOLARSHIP APPLICATION**

**HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED!**

**NAME OF APPLICANT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **STUDENT COLLEGE ID#** \_\_\_\_\_

**MAILING ADDRESS (Student):** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CURRENT OCCUPATION:** \_\_\_\_\_

**HIGH SCHOOL ATTENDED & GRADUATION DATE:** \_\_\_\_\_

**HEAD START PROGRAM ASSOCIATED WITH:** \_\_\_\_\_

**COLLEGE/INSTITUTION NOW ATTENDING OR ENROLLED TO ATTEND:**

\_\_\_\_\_

**INSTITUTION - FINANCIAL AID OFFICE ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

*(Where the award check will be mailed. **Please check** with the institution to ensure the address is correct)*

**FIELD OF STUDY:** \_\_\_\_\_

**HOURS OR SEMESTERS ACQUIRED TO DATE:** \_\_\_\_\_

**ANTICIPATED GRADUATION DATE:** \_\_\_\_\_

**CURRENT SOURCE OF FINANCIAL ASSISTANCE TO ATTEND SCHOOL:** \_\_\_\_\_

\_\_\_\_\_

**FUTURE DESIRES/ASPIRATIONS:** \_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HEAD START DIRECTOR'S SIGNATURE & DATE:** \_\_\_\_\_

**NAME & LOCATION OF HEAD START PROGRAM:** \_\_\_\_\_

\_\_\_\_\_

# **REGION VI HEAD START ASSOCIATION**



## **VOLUNTEER OF THE YEAR AWARD**

## REGION VI HEAD START ASSOCIATION VOLUNTEER OF THE YEAR AWARD

### **ELIGIBLE APPLICANT**

Current Head Start volunteer

### **AWARD**

Each state's nominee will receive a plaque from the Region VI Head Start Association.

### **QUALIFICATIONS - INFORMATION NEEDED TO APPLY**

Head Start parents traditionally have been Head Start's major volunteer resource. Over the past 10 years, however, an increasing number of Head Start parents have been returning to school or taking entry-level employment, which has resulted in a decline in parent time for volunteering. Many Head Start programs have had to increase their recruitment efforts for volunteers in the larger community. This activity has gone hand-in-hand with the need to promote wider recognition and a positive image of Head Start. Volunteer services have long range impact on the Head Start Program, the child, and family and the volunteer. The immediate impact of a well-planned volunteer effort is seen in increased services to children in each section of Head Start.

Community Volunteers provide benefits to Head Start not only through the provision and expansion of services and training. They often serve as positive role models and mentors for parents who wish to improve their parenting skills, attain an educational diploma or degree, or develop career goals. For many parents, serving as a Head Start volunteer is their first formal work experience. It can be the first step on a career ladder. For this reason, Head Start provides training and support systems for parent volunteers. This is one way that the program helps families become self-sufficient, enabling them to move out of poverty.

Head Start parent volunteers who assume leadership positions acknowledge their partnership in operating the program. With this partnership comes ownership and pride extending to the larger community. Likewise, senior citizens, health professionals, nutrition consultants, students, and community leaders feel ownership and responsibility for a program in which their special skills are well utilized, valued, and recognized. These individuals, in turn, communicate a positive program image to the community as a whole, affirming the quality of the program and its benefits to children and their families. This high impact public relations strategy increases community support of and interest in the program.

## **VOLUNTEER OF THE YEAR**

<b>CHECKLIST/RATING CRITERIA</b>	<b>MAX. POINTS</b>	<b>TOTAL</b>
_____ 1. One year or beyond involvement in Head Start	20	_____
_____ 2. High school diploma/or beyond high school	10	_____
_____ 3. Community Involvement	20	_____
_____ 4. Impact of your volunteer service upon Head Start Program	30	_____
_____ 5. Letter of recommendation from Head Start Director	20	_____
<b>Total Points</b>	<b>100</b>	_____

**REGION VI HEAD START ASSOCIATION  
VOLUNTEER OF THE YEAR AWARD  
APPLICATION**

**HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED!**

**NAME OF APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**CURRENT OCCUPATION:** \_\_\_\_\_

**NAME & ADDRESS OF LOCAL HEAD START PROGRAM WHERE VOLUNTEER  
SERVICES WERE RENDERED:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_

**NAME OF HEAD START DIRECTOR:** \_\_\_\_\_

**SCHOOL/COLLEGE** *(If applicable):* \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HEAD START DIRECTOR'S SIGNATURE & DATE:** \_\_\_\_\_

**NAME & LOCATION OF HEAD START PROGRAM:** \_\_\_\_\_  
\_\_\_\_\_



**REGION VI HEAD START ASSOCIATION  
VOLUNTEER OF THE YEAR**

**HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED!**

**PLEASE DESCRIBE THE FOLLOWING AND DISCUSS HOW THESE QUALITIES  
IMPACT YOUR ABILITY TO PROVIDE SERVICE:**

- 1. Years associated with Head Start: what year did you start? What positions have you held, etc. (local center committee officer, Policy Council member/officer, etc.)**
  
- 2. Present educational level and your plans to further your education (if any)**
  
- 3. Training sessions that you have attended and what impact training has had on your performance as a Head Start volunteer?**
  
- 4. Community involvement: what community activities are you involved in that impact services to children and families in your local Head Start program?**
  
- 5. Please write a paragraph sharing how you feel your volunteering in the Head Start program has improved the quality of services being delivered?**

# **REGION VI HEAD START ASSOCIATION**



## **HEAD START STAFF SCHOLARSHIP**

## HEAD START STAFF SCHOLARSHIP

### **ELIGIBLE APPLICANT**

Head Start staff who is currently enrolled in a four-year college or junior college pursuing a B.A., B.S. or Masters' Degree.

### **SCHOLARSHIP TO BE AWARDED**

One **\$1,000.00** Scholarship for each state in Region VI, for a Head Start Staff to be paid to the institution where student is enrolled.

### **QUALIFICATIONS - INFORMATION NEEDED TO APPLY – One applicant per state**

- Must be a current employee in a Head Start/Early Head Start program.
- Must have completed at least two semesters and/or two quarters of school (accumulated at least twenty hours of college).
- Must currently be enrolled in an institution of higher learning.
- Must be in good academic standing at institution.

### **CHECKLIST**

1. Completed application with all attachments \_\_\_\_\_
2. Prior Academic Accomplishments \_\_\_\_\_
  - A copy of transcripts/diplomas
  - A letter **or** statement from institution, verifying that applicant is enrolled and in good standing with institution **or** verification must be noted on the student's transcript.
3. Letter of reference from Head Start Director \_\_\_\_\_
4. A written statement in (500) words or less to include the following: \_\_\_\_\_
  - a. Financial needs, justifying need for scholarship
  - b. The impact on service delivery in local program, due to employment of this applicant
  - c. Employee's capabilities - plans to complete degree program
5. Recipient must provide a follow-up report to the Region VI Head Start Association within six-months of receiving the \$1,000.00. \_\_\_\_\_
  - The report must include how the funds were actually used toward education coursework or degree.

### **RATING CRITERIA**

	<b><u>MAX. POINTS</u></b>	<b><u>TOTAL</u></b>
• Completeness of typed application	10	_____
• Prior academic accomplishments	20	_____
• Letter of reference from Head Start Director	20	_____
• Written statement in 500 words or less that includes (a, b, & c)	50	_____
<b>Total Points</b>	<b>100</b>	_____

**HEAD START STAFF SCHOLARSHIP APPLICATION  
AND  
CERTIFICATION FOR SCHOOL ATTENDING**

**HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED!**

**NAME:** \_\_\_\_\_

**HEAD START PROGRAM:** \_\_\_\_\_

**CURRENT POSITION IN HEAD START PROGRAM:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **STUDENT COLLEGE ID#:** \_\_\_\_\_

**MAILING ADDRESS (student):** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**HIGH SCHOOL & GRADUATION DATE:** \_\_\_\_\_

**COLLEGE/INSTITUTION CURRENTLY ATTENDING OR ENROLLED TO ATTEND:**  
\_\_\_\_\_

**COLLEGE/INSTITUTION - FINANCIAL AID OFFICE ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

*(Where the award check will be mailed. **Please check** with the institution to ensure the address is correct)*

**FIELD OF STUDY:** \_\_\_\_\_

**TOTAL HOURS ACCUMULATED:** \_\_\_\_\_

**ANTICIPATED DATE OF GRADUATION:** \_\_\_\_\_

**DATES OF EMPLOYMENT WITH LOCAL HEAD START AGENCY:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HEAD START DIRECTOR'S SIGNATURE & DATE:** \_\_\_\_\_

**NAME & LOCATION OF HEAD START PROGRAM:** \_\_\_\_\_

# **REGION VI HEAD START ASSOCIATION**



## **FRIEND OF THE YEAR AWARD**

## **FRIEND OF THE YEAR AWARD**

### **ELIGIBLE APPLICANT**

One Friend of Head Start from each of the five states in Region VI.

### **AWARD**

Each state's nominee will receive a plaque from the Region VI Head Start Association.

### **QUALIFICATIONS**

- A person from a local community who has made significant contributions to a Head Start agency.
- The contributions may be a single act with a lasting impact or continuous contributions or acts that have benefitted the families enrolled in the local Head Start program.

**\*Persons receiving a pay check from a Head Start Agency are ineligible\***

### **CHECKLIST**

1. Application must be completed and must be typed \_\_\_\_\_
2. Letter of reference from Head Start Director \_\_\_\_\_
3. A paragraph of 300 hundred words or less describing: \_\_\_\_\_
  - Services provided to a local Head Start program.
  - The impact the services or donations provided had on the delivery of high quality services to families.
4. Documents, pictures, newspaper articles, etc., describing \_\_\_\_\_  
or highlighting contributions or services to local Head Start  
Program

### **RATING CRITERIA POINTS**

	<b>MAX. POINTS</b>	<b>TOTAL</b>
• Completeness of typed application	10	_____
• Letter of reference from Head Start Director	20	_____
• A paragraph of 300 hundred words or less describing services provided to a local program and the impact on the delivery of high quality services to families	50	_____
• Documents, pictures, newspaper articles, etc., describing or highlighting contributions or services to local Head Start Program	20	_____
<b>Total Points</b>	<b>100</b>	_____

**FRIEND OF HEAD START  
AWARD APPLICATION**

**HANDWRITTEN APPLICATIONS WILL NOT BE ACCEPTED!**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**HEAD START PROGRAM WHERE SERVICE IS PROVIDED:** \_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF SERVICE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YEARS ASSOCIATED WITH HEAD START AGENCY:** \_\_\_\_\_

**NAME OF HEAD START DIRECTOR:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HEAD START DIRECTOR'S SIGNATURE & DATE:** \_\_\_\_\_

**NAME & LOCATION OF HEAD START PROGRAM:** \_\_\_\_\_

**REGION VI HEAD START ASSOCIATION  
STATE AWARD/SCHOLARSHIP COMMITTEE  
Committee Membership Signatures**


**Recommendations for review by the State Award/Scholarship Committee  
to the Region VI Award/Scholarship Committee**

Name of Candidate	Type of Award or Scholarship

Date of State Meeting for reviewing the applications: \_\_\_\_\_

Date submitted to Region VI Award Scholarship Committee: \_\_\_\_\_

Date received by Region VI Award Scholarship Committee: \_\_\_\_\_

It is understood that the state shall maintain complete sets of records of nomination application, selection process, minutes from committee meetings or conference calls, and any other information that may be reviewed to ascertain the fairness of a decision.

**NOTE: This form must accompany applications from states. Photo copy as needed.**

The State of \_\_\_\_\_ certifies that all applicants are eligible and local

Head Start agency has met all necessary criteria.