

**REGION VI**

**HEAD START ASSOCIATION**

**2024**

**SCHOLARSHIP PACKAGE**

**Instructions for Region VI Applicants**

|  |  |
| --- | --- |
| **TO** |  **Region VI Head Start Association State Presidents & Collaboration Directors** |
| **FROM** |  **Region VI Head Start Association** |
| **DATE** |  **June 5, 2024** |
| **RE:** |  **Region VI Head Start Association Scholarship & Awards Application**  |

Region VI Head Start Association Scholarships & Awards Application period is **(June 5 - July 5, 2024)**. The application will be shared with State Presidents and Collaboration Directors to send to Head Start/Early Head Start grantees. Grantee Administrators are asked to share the scholarship application with **staff, parents, former Head Start students, volunteers, and friends of Head Start.**

**PLEASE NOTE:** Grantees in each state can only submit **ONE (1)** **SCHOLARSHIP/AWARD** **APPLICATION PER CATEGORY**.

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

**Submission Deadlines:**

|  |  |  |
| --- | --- | --- |
| **Deadline** | **Submitting Agency** | **Receiving Agency** |
| **July 5, 2024** | **Applicant submits to the grantee**  | **Local HS/EHS Agency** |
| **August 5, 2024** | **Grantee submits to State Association Contact** | **See the State Contacts (below)** |
| **September 5, 2024** | **State Association Contact to the** **Region VI HSA Scholarship Chairperson** | **Region VI HSA - Dr. Alferma Giles** |

**LOCAL GRANTEES:** Submit **ELECTRONIC SCHOLARSHIP APPLICATIONS** to the State Head Start Association contacts below from your state. Please adhere to the application deadlines.

|  |  |  |  |
| --- | --- | --- | --- |
| **State** | **Contact** | **Address** | **Telephone/E-mail** |
| **Arkansas** | **Jackie Govan**  | Arkansas Head Start Collaboration OfficeUnion Station Building1400 West Markham, Ste 406Little Rock, AR 72201 | (501) 371-0740jackie.govan@arheadstart.org |
| **Louisiana** | **Kahree Wahid** | Louisiana Head Start Collaboration OfficeLouisiana Department of Education1201 N. 3rd StBaton Rouge, LA 70802 | Office: (225)342-2015Mobile: (225)572-7814kahree.wahid@la.gov  |
| **Oklahoma** | **Donna M. Hicks** | Big Five Community Services910 W. MainMarietta, OK 73448 | Office:  580-276-3198Mobile:  580-238-0123dmhicks@bigfive.org  |
| **New Mexico** | **Ernestine Padilla** | Youth Development, Inc.Early Childhood Education & Development Division3451 Candelaria Rd NE, Suite AAlbuquerque, NM 87107 | (505) 212-7202empadilla@ydinm.org |
| **Texas** | **Dr. Alferma Giles***Scholarship Chairperson* | Texas Head Start Collaboration Office7000 Fannin St., Suite 2300Houston, TX 77030 | (713) 500-3835alferma.crawford@uth.tmc.edu |

****

**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**

# **TABLE OF CONTENTS**

##  PAGE

 Grantee & State Association Information…………………………..1

Instructions for Awards and Scholarships 2

Allie J. Mitchell Scholarship  3-6

Goodie Wickland Scholarship 7-10

Volunteer of the Year Award 11-14

Head Start Staff Scholarship 15-17

Friend of Head Start Award 18-20

State Award/Scholarship Committee Form 21

**Grantee & State Associations**

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

**Texas Head Start Collaboration Office**

**Dr. Alferma Giles** 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 grantee level, submit applications to the grantee program by **July 5, 2024.**
* **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 submits applications to **State Association Contact** (as identified by state) by **August 5, 2024.**

**State Association**

* State Association contact determines eligibility, screens applications according to criteria, and confirms selections from their respective state.
* State Association contact will email applications with all certifications to the scholarship chairperson by **September 5, 2024.**

**Region VI Selection Process**

* The Region VI Head Start Association contact (scholarship chairperson ) will review all Region VI Scholarships/Award Applications from each state.
* The Region VI Head Start Association contact (scholarship chairperson ) will inform the State Associations and Collaboration Directors of the final selection of scholarship and awards recipients.
* An announcement of winners will be emailed to State Association Presidents and Head Start Collaboration Directors to inform applicants from their respective states of the results.

Please follow all instructions in the application process in order to qualify. Failure to meet any of the criteria will result in automatic elimination. As a result, the state will forfeit the opportunity to receive the scholarship or award. Late, incomplete & handwritten applications will not be accepted! No exceptions!

**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 the application package. It is our goal to continue to recognize deserving individuals who are making outstanding contributions to Head Start programs.

**Scholarship and Awards Process - 2024**

1. Scholarship and awards application period **(June 5 – July 5, 2024)**
2. Interested applicants must request applications from the local HEAD START/EARLY HEAD START GRANTEE.
3. All applications must be completed and submitted ELECTRONICALLY!
4. The Head Start/Early Head Start Grantee must review ALL applications prior to submitting them to the State Association contacts.
5. Only ONE (1) SCHOLARSHIP/AWARD APPLICATION per category can be submitted. The Head Start/Early Head Start Grantee Agency will submit the qualifying application in each category to the State Association Contact in their state, to review to ensure that ALL requirements are met prior to submitting the applications to the Region VI HSA Scholarship Chairperson.
6. Each state MUST maintain complete copies of the application, selection process, minutes from committee meetings or conference calls, and all pertinent information reviewed to ensure a fair decision.
7. Descriptions, application procedure, and rating criteria are described for each award or scholarship category.
8. The Head Start/Early Head Start Grantee must be a member of the State Head Start Association in your respective state. (*Provide documentation).*
9. The Head Start/Early Head Start Agency (*of the applicant that applies*) must participate in the Dollar per Child Campaign. (P*rovide documentation of participation).*
10. The Awards and Recognition Committee will review the final selection of applications from each state to confirm recipients.
11. An announcement of winners will be emailed to State Association Presidents and Head Start Collaboration Directors to inform applicants from their respective states of the results.
12. Scholarships/Awards will be presented during the Region VI Head Start Association Conference (October 22-25, 2024) in Albuquerque, NM. Scholarship recipients are welcome to attend, but it is not mandatory. The Region VI Head Start Association will not be responsible for the travel of winners to attend the conference.

Please follow all instructions in the application process in order to qualify. Failure to meet any of the criteria will result in automatic elimination. As a result, the state will forfeit the opportunity to receive the scholarship or award. Late, incomplete & handwritten applications will not be accepted! No exceptions!

**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 (within 1-3 years)**

SCHOLARSHIP TO BE AWARDED

**$1,000.00** for each State's Nominee to be paid to the institution where the 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 can submit only one application to be considered for the ALLIE J. MITCHELL SCHOLARSHIP 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 the institution verifying that the applicant has enrolled. If a student is currently enrolled, the letter/statement must include that the applicant is in good academic standing, **or** verification must be noted on the student’s transcript.
2. A copy of a transcript from the college attached to the application (if currently enrolled)
3. Letter of reference from Head Start Program Director
4. A composition of five hundred words or less must be attached defining or discussing each of the areas listed:
* Personal goals
* Financial needs of the 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.

Please follow all instructions in the application process in order to qualify. Failure to meet any of the criteria will result in automatic elimination. As a result, the state will forfeit the opportunity to receive the scholarship or award. Late, incomplete & handwritten applications will not be accepted! No exceptions!

**REGION VI HEAD START ASSOCIATION**

**ALLIE J. MITCHELL SCHOLARSHIP CHECKLIST**

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

NOTE: **Remember all compositions must be typed**. Also, any additional information that 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 

**Total Points**   **100** 

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

**NAME OF APPLICANT:** Click or tap here to enter text.

**DATE OF BIRTH:** Click or tap here to enter text.

**STUDENT COLLEGE ID#**:Click or tap here to enter text.

**MAILING ADDRESS** *(applicant):* Click or tap here to enter text.

**CITY:** Click or tap here to enter text. **STATE**: Click or tap here to enter text. **ZIP CODE:** Click or tap here to enter text.

**TELEPHONE:** Click or tap here to enter text. **EMAIL:**Click or tap here to enter text.

**CURRENT OCCUPATION:** Click or tap here to enter text.

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

Click or tap here to enter text.

**HIGH SCHOOL & GRADUATION DATE:** Click or tap here to enter text.

**INVOLVEMENT IN LOCAL HEAD START PROGRAM:** Click or tap here to enter text.

**COMMUNITY SERVICE WORK:** Click or tap here to enter text.

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

Click or tap here to enter text.

**FIELD OF STUDY:** Click or tap here to enter text.

**HOURS OR SEMESTERS ACQUIRED TO DATE** *(if any)***:**Click or tap here to enter text.

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

Click or tap here to enter text.

**FUTURE DESIRES/ASPIRATIONS:**Click or tap here to enter text.

**APPLICANT’S SIGNATURE:** Click or tap here to enter text. **DATE:** Click or tap here to enter text.

**HEAD START DIRECTOR’S SIGNATURE & DATE:**Click or tap here to enter text.­­­­

**NAME OF HEAD START PROGRAM:**Click or tap here to enter text.

**PROGRAM ADDRESS:**Click or tap here to enter text.

**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 the 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, a beauty school, a business college, a truck driving school, a trade school, etc.

Each state can only submit one application for the **GOODIE WICKLAND PARENT SCHOLARSHIP** award.

Application must have the following attached:

1. A letter **or** statement from the institution verifying that the applicant is enrolled and is in good academic standing **or** verification must be noted on the student’s transcript.
2. Letter of recommendation from Head Start Program Director
3. 3. A copy of a transcript from college attached to the application
4. 4. A composition of 300 hundred words or less must be attached defining or discussing each of the areas listed:
* Personal goals
* Financial Needs of the 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.

Please follow all instructions in the application process in order to qualify. Failure to meet any of the criteria will result in automatic elimination. As a result, the state will forfeit the opportunity to receive the scholarship or award. Late, incomplete & handwritten applications will not be accepted! No exceptions!

**REGION VI HEAD START ASSOCIATION**

**GOODIE WICKLAND PARENT SCHOLARSHIP**

**CHECKLIST**

1. Completed application form (typewritten) 

* A copy of a transcript
* A letter or statement from the institution verifying that the applicant is enrolled and in good standing with the 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 that 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 

**Total Points** **100**  

**GOODIE WICKLAND**

**PARENT SCHOLARSHIP APPLICATION**

**NAME OF APPLICANT:**  Click or tap here to enter text.

**DATE OF BIRTH:** Click or tap here to enter text.

**STUDENT COLLEGE ID#:**Click or tap here to enter text.

**MAILING ADDRESS** *(applicant):* Click or tap here to enter text.

**CITY:** Click or tap here to enter text. **STATE**: Click or tap here to enter text. **ZIP CODE:** Click or tap here to enter text.

**TELEPHONE:**Click or tap here to enter text. **EMAIL:** Click or tap here to enter text.

**CURRENT OCCUPATION:** Click or tap here to enter text.

**HIGH SCHOOL ATTENDED & GRADUATION DATE:** Click or tap here to enter text.

**HEAD START PROGRAM ASSOCIATED WITH:** Click or tap here to enter text.

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

Click or tap here to enter text.

**FIELD OF STUDY:** Click or tap here to enter text.

**HOURS OR SEMESTERS ACQUIRED TO DATE:** Click or tap here to enter text.

**ANTICIPATED GRADUATION DATE:** Click or tap here to enter text.

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

Click or tap here to enter text.

**FUTURE DESIRES/ASPIRATIONS:** Click or tap here to enter text.

**APPLICANT’S SIGNATURE:** Click or tap here to enter text. **DATE:** Click or tap here to enter text.

**HEAD START DIRECTOR’S SIGNATURE & DATE:**Click or tap here to enter text.­­­­­­­

**NAME OF HEAD START PROGRAM:**Click or tap here to enter text.

**PROGRAM ADDRESS:**Click or tap here to enter text.



**REGION VI HEAD START ASSOCIATION**

 ****

**VOLUNTEER OF THE YEAR AWARD**

**REGION VI HEAD START ASSOCIATION**

**VOLUNTEER OF THE YEAR AWARD CHECKLIST**

**ELIGIBLE APPLICANT**

Each state can only submit one application to be considered for the **VOLUNTEER OF THE YEAR AWARD**.

**AWARD**

Each state’s recipient 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 a long-range impact on the Head Start Program, the child, the 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 for and interest in the program.

**VOLUNTEER OF THE YEAR**

**CHECKLIST/RATING CRITERIA MAX. POINTS TOTAL**

 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

**Total Points** **100**

**REGION VI HEAD START ASSOCIATION**

**VOLUNTEER OF THE YEAR AWARD**

**APPLICATION**

**NAME OF APPLICANT:** Click or tap here to enter text.

**MAILING ADDRESS** *(applicant)*: Click or tap here to enter text.

**CITY:** Click or tap here to enter text. **STATE:** Click or tap here to enter text. **ZIP CODE:** Click or tap here to enter text.

**TELEPHONE #:** Click or tap here to enter text. **EMAIL ADDRESS:** Click or tap here to enter text.

**CURRENT OCCUPATION:**Click or tap here to enter text.

**NAME & ADDRESS OF LOCAL HEAD START PROGRAM WHERE VOLUNTEER**

**SERVICES WERE RENDERED:** Click or tap here to enter text.

**TELEPHONE NO:** Click or tap here to enter text.

**NAME OF HEAD START DIRECTOR:** Click or tap here to enter text.

**SCHOOL/COLLEGE** *(If applicable)***:** Click or tap here to enter text.

**APPLICANT’S SIGNATURE:** Click or tap here to enter text. **DATE:** Click or tap here to enter text.

**HEAD START DIRECTOR’S SIGNATURE & DATE:** Click or tap here to enter text.

**NAME OF HEAD START PROGRAM:**Click or tap here to enter text.

**PROGRAM ADDRESS:**Click or tap here to enter text.

Please follow all instructions in the application process in order to qualify. Failure to meet any of the criteria will result in automatic elimination. As a result, the state will forfeit the opportunity to receive the scholarship or award. Late, incomplete & handwritten applications will not be accepted! No exceptions!

**REGION VI HEAD START ASSOCIATION**

**VOLUNTEER OF THE YEAR**

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

* 1. **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.)**

Click or tap here to enter text.

* 1. **2. Present educational level and your plans to further your education (if any)**

Click or tap here to enter text.

* 1. **3. Training sessions that you have attended and what impact training has had on your performance as a Head Start volunteer?**

Click or tap here to enter text.

* 1. **4. Community involvement: what community activities are you involved in that impact services to children and families in your local Head Start program?**

Click or tap here to enter text.

* 1. **5. Please write a paragraph sharing how you feel your volunteering in the Head Start program has improved the quality of services being delivered.**

Click or tap here to enter text.

**REGION VI HEAD START ASSOCIATION**

 ****

**HEAD START STAFF SCHOLARSHIP**

**HEAD START STAFF SCHOLARSHIP CHECKLIST**

**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.

**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 the institution.

Each state can only submit one application to be considered for the **HEAD START STAFF SCHOLARSHIP** award.

**CHECKLIST**

1. Completed application with all attachments 

2. Prior Academic Accomplishments 

* A copy of transcripts/diplomas
* A letter **or** statement from the institution, verifying that the applicant is

enrolled and in good standing with the institution **or** verification must be noted on the student’s transcript.

* 1. 3. Letter of reference from Head Start Director 
	2. 4. A written statement in (500) words or less to include the following: 
1. Financial needs, justifying the need for a scholarship
2. The impact on service delivery in local program, due to employment of this applicant
3. Employee’s capabilities - plans to complete a 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 MAX. POINTS TOTAL**

* 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

**Total Points**  **100**

**HEAD START STAFF SCHOLARSHIP APPLICATION**

**NAME:** Click or tap here to enter text.

**HEAD START PROGRAM:**Click or tap here to enter text.

**CURRENT POSITION IN HEAD START PROGRAM:** Click or tap here to enter text.

**DATE OF BIRTH:**Click or tap here to enter text. **STUDENT COLLEGE ID#:** Click or tap here to enter text.

**MAILING ADDRESS** *(applicant):*Click or tap here to enter text.

**CITY:** Click or tap here to enter text. **STATE:** Click or tap here to enter text. **ZIP CODE:** Click or tap here to enter text.

**TELEPHONE:** Click or tap here to enter text. **EMAIL:** Click or tap here to enter text.

**HIGH SCHOOL & GRADUATION DATE:** Click or tap here to enter text.

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

Click or tap here to enter text.

**FIELD OF STUDY:** Click or tap here to enter text.

**TOTAL HOURS ACCUMULATED:**Click or tap here to enter text.

**ANTICIPATED DATE OF GRADUATION:** Click or tap here to enter text.

**DATES OF EMPLOYMENT WITH LOCAL HEAD START AGENCY:** Click or tap here to enter text.

**APPLICANT’S SIGNATURE:**Click or tap here to enter text. **DATE:** Click or tap here to enter text.

**HEAD START DIRECTOR’S SIGNATURE & DATE:**Click or tap here to enter text.

**NAME OF HEAD START PROGRAM:**Click or tap here to enter text.

**PROGRAM ADDRESS:**Click or tap here to enter text.

Please follow all instructions in the application process in order to qualify. Failure to meet any of the criteria will result in automatic elimination. As a result, the state will forfeit the opportunity to receive the scholarship or award. Late, incomplete & handwritten applications will not be accepted! No exceptions!

**REGION VI HEAD START ASSOCIATION**

 ****

**FRIEND OF THE YEAR AWARD**

**FRIEND OF THE YEAR AWARD CHECKLIST**

**ELIGIBLE APPLICANT**

Each state can only submit one application to be considered for the **FRIEND OF** **HEAD START** award.

**AWARD**

Each state’s recipient 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 paycheck 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.
1. Documents, pictures, newspaper articles, etc., describing 

or highlighting contributions or services to local Head Start

Program

**RATING CRITERIA POINTS MAX. POINTS TOTAL**

* Completeness of typed application 10 \_\_\_\_\_
* Letter of reference from Head Start Director 20 \_\_\_\_\_
* A paragraph of 300 hundred words or less describing 50 \_\_\_\_\_

services provided to a local program and the impact on the

delivery of high-quality services to families

* Documents, pictures, newspaper articles, etc., describing 20 \_\_\_\_\_

or highlighting contributions or services to local Head Start

Program

**Total Points** **100**

Please follow all instructions in the application process in order to qualify. Failure to meet any of the criteria will result in automatic elimination. As a result, the state will forfeit the opportunity to receive the scholarship or award. Late, incomplete & handwritten applications will not be accepted! No exceptions!

**FRIEND OF HEAD START AWARD APPLICATION**

**NAME:** Click or tap here to enter text.

**MAILING ADDRESS** *(applicant)*:Click or tap here to enter text.

**CITY:** Click or tap here to enter text. **STATE**: Click or tap here to enter text. ZI**P CODE:** Click or tap here to enter text.

**TELEPHONE:** Click or tap here to enter text. **EMAIL:** Click or tap here to enter text.

**OCCUPATION:** Click or tap here to enter text.

**EMAIL:** Click or tap here to enter text.

**HEAD START PROGRAM WHERE SERVICE IS PROVIDED:** Click or tap here to enter text.

**DESCRIPTION OF SERVICE:** Click or tap here to enter text.

**YEARS ASSOCIATED WITH HEAD START AGENCY:** Click or tap here to enter text.

**NAME OF HEAD START DIRECTOR:** Click or tap here to enter text.

**APPLICANT’S SIGNATURE:**Click or tap here to enter text.

**DATE:** Click or tap here to enter text.

**HEAD START DIRECTOR’S SIGNATURE & DATE:**Click or tap here to enter text. ­­­­­­­

**NAME OF HEAD START PROGRAM:**Click or tap here to enter text.

**PROGRAM ADDRESS:**Click or tap here to enter text.

**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. Photocopy as needed.**

The State of certifies that all applicants are eligible and local

Head Start agency has met all necessary criteria.