

REGION VI HEAD
START
ASSOCIATION

HEAD START
STAFF
SCHOLARSHIP

HEAD START STAFF SCHOLARSHIP

STAFF EDUCATIONAL SCHOLARSHIP

One \$500.00 Scholarship for each state in the Region for a Head Start staff who is currently enrolled in a four year college or junior college pursuing an AA Degree, B. A. or B. S. degree.

QUALIFICATIONS OF APPLICANT

- Must be a current employee in a Head Start program that has been employed at least two years.
- 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. e Must be in good academic standing at institution.

CHECKLIST

1. Completed application with all attachments

- Region VI Head Start Association Certification Form (Page 23) _____ e
Three letters of references _____
 - One from local Head Start Director. The letter from the Head Start Director refers to the Head Start Director at the grantee central office and not the center director.
 - One from immediate supervisor
 - One from personal or community source

2. Prior Academic Accomplishments _____ e A copy of transcripts diplomas

- A letter or statement from institution verifying that applicant is enrolled and in good standing with institution

3. A written financial needs statement justifying need for scholarship _____
(three hundred words or less)

4. Service Delivery Statement - a statement discussing the impact on service delivery _____in
local program due to employment of this applicant (three hundred words or less)

RATING CRITERIA

| | <u>MAX. POINTS</u> | <u>TOTAL</u> |
|--|--------------------|--------------|
| • Applications must be completed and must be typed | 10 | |
| • Prior academic accomplishments | 20 | |
| e Financial needs (paragraph discussing financial needs) | 20 | |
| e Service Delivery (paragraph discussing service delivery) | 30 | |
| • Employee's capabilities for completing degree program | 20 | |

Total Points

100

All information must be typed.

5. A statement (three hundred words or less) on applicant's financial capabilities — plans to complete degree program. _____

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STAFF EDUCATION SCHOLARSHIP APPLICATION (PLEASE TYPE) _____
AND
CERTIFICATION FOR SCHOOL ATTENDING

NAME: _____

HEAD START PROGRAM: _____

CURRENT POSITION IN HEAD START PROGRAM: _____

DATE OF BIRTH: _____ STUDENT ID/COLLEGE ID# _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

ACT/SAT SCORE: _____

HIGH SCHOOL GRADUATED FROM: _____

DATE OF GRADUATION:

SCHOOL CURRENTLY ATTENDING:

FIELD OF STUDY:

TOTAL HOURS ACCUMULATED:

ANTICIPATED DATE OF GRADUATION:

HOW LONG EMPLOYED WITH LOCAL HEAD START AGENCY:

EMAIL:

SIGNATURE:

DATE:
