

Scholarship for Head Start Alumni, High School Senior

This scholarship is designed to recognize a Head Start graduate who is making significant contributions to their community and to encourage their continuing education at an institution of higher learning. The scholarship recipient will receive a commemorative plaque and is eligible to receive a one-time scholarship award of \$1500 to be applied to an institution of higher learning for the attainment of an undergraduate degree. **Applicant must be a former student and graduate of Head Start.**

Criteria: Failure to meet any of the criteria will result in automatic elimination.

1. **Applicant must be a former student and graduate of Head Start.**
2. Applicant must prove acceptance or enrollment in an institution of higher learning.
3. Three (3) letters of reference must be included with the application.

Questionnaire (70 points): On a separate sheet, please type your answers to the following two questions. The maximum point value for each question is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (30 points) Financial need: Include a brief statement of the need for financial assistance.
2. (40 points) Personal statement: Discuss in 300 words or less (no more than one double spaced, typed page) your goals and an aspiration for furthering your education and the role Head Start/Early Head Start has played in your education. Include the years that you attended Head Start/Early Head Start.

Letters of Reference (30 points): Include three letters of reference from people who can verify the nominee's work, volunteer service, and other activities. Letters will be judged on specific information and **should be no longer than one typewritten page**. Judges will rate the overall effectiveness of the letters. **Applications that do not include all three references will not be considered for this award.**

Submission Checklist Please check each box to indicate that all required materials are attached, then route according to the steps listed below.

- Complete application form
- Questionnaire responses
- Three letters of reference

Please return the application along with all the required materials to your school district's Family Service Worker located at your school district's Preschool/Head Start office by May 1, 2019.

Celebrating Head Start Heroes

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Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:
 _____ Local Program Director
initial here before submitting to the state association.
 _____ State Association President
initial here before submitting to RIVHSA

Nominee

Nominee		Social Security #		Date	
State		Program Member #		Individual Member #	
Mailing Address of Nominee					
City		State		Zip Code	

Head Start/Early Head Start Director

Name					
Telephone		Fax			
E-mail					

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Name					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

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