



PENNSYLVANIA HEAD START ASSOCIATION

PARENTS, STAFF, ADMINISTRATORS AND FRIENDS AFFILIATED FOR CHILDREN

Paula Margraf - Board President

Blair Hyatt - Executive Director

PHSA Head Start Alumni Scholarship, High School Senior

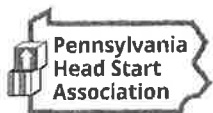
The PHSA Head Start Alumni Scholarship winner will receive \$1,000 check to be used for their post -secondary education.

Award specific criteria:

- The nominee must have attended Head Start/Early Head Start program for one or more years.
- The nominee must be scheduled to graduate from High School and submit proof of acceptance or enrollment in an institution of higher learning. These funds may be applied to the documented cost of tuition, and or books.

Paper work:

1. The nominee must submit a nomination form from their Local Head Start program (see attached form)
2. The nominee must submit two letters of reference from two people who know the nominee as a student (school personnel preferred), and as a member of or volunteer in the community. Judges will rate the overall effectiveness of the letters. Applications that do not include two references will not be considered for this award. (20 points)
3. Personal Statement: Nominees must provide a written personal statement that includes all 3 of the following elements. Points allotted for each element appear below:
 - a. Biographical Sketch: Key details about the nominee and his/her family, connection to Head Start and current educational environment. (20 points)
 - b. Special contributions: Describe activities contributed by the student to the local program or community as volunteer, (30 points)
 - c. Educational goals: The applicant should write a statement of personal goals no more than 200 words in length. (30 points)



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PHSA Head Start Alumni Scholarship Application Form

Nominee's Name _____

Nominee's Social Security# _____

Nominee's Mailing Address: _____

City _____ State _____ Zip: _____

Phone _____ Email _____

Institution of Higher Education the Nominee is enrolled in or has been accepted to:

Field of Study _____

Name of Local Head Start Program _____

Submission Checklist:

Please check to confirm that all required materials are attached and send to your local Head Start center:

- _____ Completed application form
- _____ Proof of acceptance or enrollment in an institution of higher learning
- _____ Two (2) letters of reference
- _____ Personal Statement (biographical sketch, special contributions & educational goals)
- _____ Signature of Head Start Director/Policy Council



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PHSA Head Start Alumni Scholarship Nomination Form

Head Start Program to complete and submit with Nominee's application:

Applicant Name: _____

Head Start Program Name: _____

Program's Mailing Address _____

City _____ State: _____ Zip: _____

Program Phone Number: _____

Name of Head Start Director: _____

Is the program a paid member of PHSA for current year? ___ Yes ___ No

Head Start Director Signature

Policy Council Chairperson Signature