

Region VI Head Start Association

Scholarships/Awards Instruction Booklet

2009

TO: State Presidents, State Collaboration Directors

FROM: Region VI Head Start Association

DATE: June 4, 2009

RE: Region VI Scholarships and Awards Booklet

Attached is the Region VI Head Start Association Booklet of Awards and Scholarships. This booklet is being e-mailed to each State President and Collaboration Director and is to be shared with each grantee. Grantees are asked to share this information with staff, parents, former Head Starters and all volunteers.

The Region VI Scholarships and Awards are given annually; therefore, each local agency can begin its selection process early and be ready for submission to the State Association long before applications are due. NOTE: Previous recipients of Region VI Scholarships or Awards are NOT eligible. Please read and follow instructions in completing all applications.

Each grantee should receive the NHSA 2009-2010 Awards and Scholarship booklet. The booklet may also be downloaded from the NHSA Web site (www.nhsa.org) when it becomes available. Please follow the instructions in this booklet in completing NHSA applications, which must be mailed to your State Association where the selection process begins.

Region VI Scholarships and Awards Submission Deadlines:

Deadline	Submitting Agency	Receiving Agency
Wednesday, July 15, 2009	Local grantees	State Association
Friday, August 7, 2009	State Associations	Region VI Head Start Assoc

NHSA Scholarships and Awards Submission Deadline

Deadline	Submitting Agency	Receiving Agency
Friday, August 7, 2009	Local grantees	State Association
Friday, September 4, 2009	State Associations	Region VI Head Start Assoc

Local grantees should send all applications to the following State Head Start Associations:

State	C/O	Mailing Address	Telephone/E-mail
Arkansas	Deana Howell	1400 W. Markham, Ste 406 Little Rock, AR 72201	(501) 371-0740 deanah@arheadstart.org
Louisiana	Barbara Pickney	P.O. Drawer 910 Opelousas, LA 70571-0910	(337) 942-9669/Fax (337) 942-9875 bpickney@stlandryheadstart.org
Oklahoma	Sharon Horton	308 S. W. 2 nd Lindsay, OK 73502	(405) 756-1100 shorton2@windstream.net
New Mexico	Melina Romero	1400 Sudderth Drive Ruidoso, NM 88345	(505) 257-5025 melina.romero@regionix.org
Texas	Cinithia Melton	3954 Gannon Lane, Dallas, Texas 75237-2919.	(972) 283-6427

State Associations should mail all applications (Region VI and NHSA) to:

Region VI Awards and Scholarships
 c/o Barbara Pickney
 P.O. Drawer 910
 Opelousas, LA 70571-0910

Region VI Scholarships and Awards Process:

Local Level – Grantee

- Applicants at local level/grantee submit applications to grantee
- Grantee makes selection and submits to State Association by Wednesday July 15, 2009
- Agency submitting applications must have met eligibility criteria for membership in State Association
 - Membership in State Association
 - NHSA Agency Membership
 - Contributor to NHSA Dollar Per Child Campaign

State Association

- State Association determines eligibility, screens applications according to criteria
- State Association mails applications with all certification to the address listed above by due date of Friday, August 7, 2009.

Region VI Selection Process

- Region VI Head Start Association will review all Region VI Scholarships and Award Applications by September 15, 2009.
- Winners/Recipients of Region VI Awards and Scholarships and State Associations will be notified by September 30, 2009.
- Awards/Scholarships will be presented to recipients/designee at the Region VI Training Institute.

Region VI Selection Process for NHSA Awards, Scholarships, Etc.

- All NHSA applications must be received by the State on or before Friday, August 7, 2009
- State will notify grantees of applications submitted to Region VI Head Start Association.
- All NHSA applications must be received by Region VI on or before Friday, September 4, 2009.
- Region VI Committee will notify State Associations of applications submitted to NHSA.

NHSA Selection Process

- NHSA will notify recipients of NHSA Awards and Scholarships.

Please follow all instructions in the applications and pertaining to the deadlines.

Thank you.

Barbara Pickney, Chairman
Region VI Scholarship and Awards Committee

REGION VI HEAD START AWARDS AND SCHOLARSHIPS AVAILABLE:

Allie J. Mitchell Scholarship (For Head Start Graduates)
Goodie Wickland Parent Scholarship
Volunteer of the Year
Head Start Staff Scholarship
Friend of Head Start Award

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TO: Head Start Family
FROM: Region VI Head Start Association
RE: 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. Grantee or delegate should review all applications prior to submitting them to the State Association.
2. All applications must be completed and received by the awards and recognition committee in your State Association.
3. A letter from your State President must accompany applications to endorse the decision of the Awards and Recognition Committee. The State/Award Scholarship Committee Form (Page 17) should accompany the application packet.
4. It is the responsibility of each state to 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. The Region VI Head Start Association Certification Form (Page 18) of this booklet must accompany your application being submitted for Region VI Scholarships or Awards.
6. Descriptions, application procedure and rating criteria are described for each award or scholarship.
7. An announcement of winners will be mailed to State Presidents, and State Presidents should inform their applicants of the results.
8. Region VI Head Start Association will not be responsible for travel accommodations of winners or nominees. All Awards and Scholarships will be presented during the Region VI Head Start Association Training Conference.
9. The application deadline for regional awards and scholarships is July 15, 2009 to State Head Start Associations. State Head Start Associations should submit all applications by August 7, 2009. All regional awards and scholarships will be reviewed by September 15, 2009.
10. Deadline for receipt of the NHSA Scholarships and Awards is August 7, 2009 to the State Head Start Association. State Associations should mail these applications for review by

September 4, 2009. Addresses are listed on the next page. All national scholarships and awards will be reviewed in October 2009. Please follow instructions as presented in the 2009-2010 NHSA Awards and Scholarship Booklet, which will be mailed to each grantee, or will be available for download on www.nhsa.org.

11. Each applicant agency and nominee must be a member of the State Head Start Association. Please provide documentation.
12. Each applicant (agency) must participate in the Dollar per Child Campaign and must be a paid member of the NHSA Agency Membership structure. Please provide documentation.
13. Each state must review all applicants and select one applicant to represent the state for each scholarship or award. The Awards and Recognition Committee will review the final selection from each state to ensure all information is included. If not, 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.

Local grantees should send all applications to the following State Head Start Associations:

State	C/O	Mailing Address	Telephone/E-mail
Arkansas	Deana Howell	1400 W. Markham, Ste 406 Little Rock, AR 72201	(501) 371-0740 deanah@arheadstart.org
Louisiana	Barbara Pickney	P.O. Drawer 910 Opelousas, LA 70571-0910	(337) 942-9669/Fax (337) 942-9875 bpickney@stlandryheadstart.org
Oklahoma	Sharon Horton	308 S. W. 2 nd Lindsay, OK 73502	(405) 756-1100 shorton2@windstream.net
New Mexico	Melina Romero	1400 Sudderth Drive Ruidoso, NM 88345	(505) 257-5025 melina.romero@regionix.org
Texas	Cinithia Melton	3954 Gannon Lane, Dallas, Texas 75237-2919.	(972) 283-6427

State Associations should mail all applications (Region VI and NHSA) to:

Region VI Awards and Scholarships
 c/o Barbara Pickney
 P.O. Drawer 910
 Opelousas, LA 70571-0910

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

ELIGIBLE APPLICANT

Former Head Start student who has 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 currently enrolled and has completed at least one semester or quarter in a four year college, a junior college, a technical or vocational school, beauty school, business college, truck driving school, trade school, etc. (Applicant employed by a Head Start agency is ineligible).

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.
2. A copy of transcript from college attached to application
3. Composition of three 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
4. Three letters of recommendations from the following:
 - Director of local Head Start Program (This means the Director at the central office of the grantee and not the Center Director.)
 - A friend or personal acquaintance
 - A business acquaintance

All information must be typed. Please include Region VI Head Start Association Certification Form (Page 18).

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

- | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 1. | Completed application form | _____ |
| | <ul style="list-style-type: none"> • A copy of transcript • A letter or statement from institution verifying that applicant is enrolled and in good standing with institution • Region VI Head Start Association Certification Form | |
| 2. | Three (3) letters of recommendation | _____ |
| | <ul style="list-style-type: none"> • Director of local Head Start Program • A friend or personal acquaintance • A business acquaintance | |
| 3. | Paragraph of financial assistance needs | _____ |
| 4. | Personal goal statement | _____ |
| 5. | Composition of applicant's plans for furthering his/her education | _____ |

NOTE: The letter from the Head Start Director refers to the Head Start Director at the grantee central office and not the center director. Remember all compositions, letters of reference and applications 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 what 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 application	10	_____
• Three letters of reference	10	_____
• Paragraph of financial assistance needs	30	_____
• Personal goal statement	25	_____
• Composition of plans for furthering his/her education	25	_____
• Total Points	100	_____

**ALLIE J. MITCHELL
SCHOLARSHIP APPLICATION (PLEASE TYPE)**

NAME OF APPLICANT: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____ **FAX:** _____

CURRENT OCCUPATION: _____

HEAD START PROGRAM GRADUATED FROM: _____

DATE OF HEAD START ENROLLMENT: _____

HIGH SCHOOL GRADUATED FROM: _____

DATE OF GRADUATION: _____

EXTRACURRICULAR ACTIVITIES DURING HIGH SCHOOL YEARS: _____

CURRENT INVOLVEMENT IN LOCAL HEAD START PROGRAM: _____

SCHOOL CURRENTLY ATTENDING: _____

FIELD OF STUDY: _____

HOURS OR SEMESTERS ACQUIRED TO DATE: _____

CURRENT SOURCE OF FINANCIAL ASSISTANCE TO ATTEND SCHOOL: _____

FUTURE DESIRES/ASPIRATIONS: _____

SIGNATURE: _____ **DATE:** _____

**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 last two years) in a Head Start Program. (Parents employed in a Head Start Program are ineligible).

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 parent as defined above who 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.
2. A copy of transcript from college attached to application
3. Composition of three 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
4. Three letters of recommendations from the following:
 - Director of local Head Start Program (This means the Director at the central office of the grantee and not the Center Director.)
 - A friend or personal acquaintance
 - A business acquaintance

All information must be typed. Please include Region VI Head Start Association Certification Form (Page 18)

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

- 1. Completed application form _____
 - A copy of transcript
 - A letter or statement from institution verifying that applicant is enrolled and in good standing with institution
 - Region VI Head Start Association Certification Form

- 2. Three (3) letters of recommendation _____
 - Director of local Head Start Program
 - Friend or personal acquaintance
 - Business acquaintance

- 3. Paragraph of financial assistance needs _____

- 4. Personal goal statement _____

- 5. Composition of applicants plans for furthering his/her education _____

NOTE: The letter from the Head Start Director refers to the Head Start Director at the grantee central office and not the center director. Remember all compositions, letters of reference 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 application	10	_____
• Three letters of reference	10	_____
• Paragraph of financial assistance needs	30	_____
• Personal goal statement	25	_____
• Composition of plans for furthering his/her education	25	_____
• Total Points	100	_____

**GOODIE WICKLAND
SCHOLARSHIP APPLICATION (PLEASE TYPE)**

NAME OF APPLICANT: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____ **FAX:** _____

CURRENT OCCUPATION: _____

HIGH SCHOOL ATTENDED: _____

DATE GRADUATED: _____

EXTRACURRICULAR ACTIVITIES DURING HIGH SCHOOL YEARS: _____

HEAD START PROGRAM ASSOCIATED WITH: _____

SCHOOL CURRENTLY ATTENDING: _____

FIELD OF STUDY: _____

HOURS OR SEMESTERS ACQUIRED TO DATE: _____

CURRENT SOURCE OF FINANCIAL ASSISTANCE TO ATTEND SCHOOL: _____

FUTURE DESIRES/ASPIRATIONS: _____

SIGNATURE: _____ **DATE:** _____

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

AWARD

Each state’s nominee will receive a plaque and a one hundred dollar gift certificate/check.

QUALIFICATIONS

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

CHECKLIST/RATING CRITERIA	MAX. POINTS	TOTAL
_____ 1. One year or beyond involvement in Head Start	10	_____
_____ 2. High school diploma/or beyond high school	5	_____
_____ 3. Three reference letters: program, personal, community	10	_____
_____ 4. Community Involvement	30	_____
_____ 5. Impact of your volunteer service upon Head Start Program	45	_____
 Total Points	 100	 _____

All information must be typed. Please include Region VI Head Start Association Certification Form (Page 18).

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

APPLICATION (PLEASE TYPE)

NAME OF APPLICANT: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME TELEPHONE NO: _____ **BUSINESS TELEPHONE NO:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NO:** _____

CURRENT OCCUPATION: _____

NAME OF LOCAL HEAD START PROGRAM ASSOCIATED WITH: _____

NAME OF HEAD START DIRECTOR: _____

HIGHEST GRADE/LEVEL COMPLETED: _____

SCHOOL/COLLEGE: _____

NUMBER IN FAMILY: _____

SIGNATURE: _____ **DATE:** _____

**PLEASE DESCRIBE THE FOLLOWING AND DISCUSS HOW THESE QUALITIES
IMPACT ON 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

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 DISCUSSING HOW YOU FEEL YOUR VOLUNTEERING IN THE HEAD START PROGRAM HAS IMPROVED THE QUALITY OF SERVICES BEING DELIVERED?

HEAD START STAFF SCHOLARSHIP

STAFF EDUCATIONAL SCHOLARSHIP

One \$1,000 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.
- Must be in good academic standing at institution.

CHECKLIST

1. Completed application with all attachments
 - Region VI Head Start Association Certification Form (Page 18) _____
 - 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 _____
 - 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) _____
5. A statement (three hundred words or less) on applicant’s financial capabilities – plans to complete degree program. _____

RATING CRITERIA

<u>RATING CRITERIA</u>	<u>MAX. POINTS</u>	<u>TOTAL</u>
• Applications must be completed and must be typed	10	_____
• Prior academic accomplishments	20	_____
• Financial needs (paragraph discussing financial needs)	20	_____
• Service Delivery (paragraph discussing service delivery)	30	_____
• Employee’s capabilities for completing degree program	20	_____
 Total Points	 100	 _____

All information must be typed.

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

NAME: _____

HEAD START PROGRAM: _____

CURRENT POSITION IN HEAD START PROGRAM: _____

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: _____

SIGNATURE: _____ **DATE:** _____

FRIEND OF HEAD START AWARD

AWARD

One Friend of Head Start Award will be presented to an applicant from each of the five states. Award to be given to each recipient will include a plaque and a one hundred-dollar cash award (check or gift certificate).

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
 - Region VI Head Start Association Certification Form (Page 18) _____
 - Must have three letters of recommendation
 - Local Head Start Director
 - Personal letter
 - Community letter

2. A paragraph of three hundred words or less describing services provided to local program _____

3. Documents, pictures, newspaper articles, etc., describing or highlighting contributions or services to local Head Start Program _____

4. A paragraph of three hundred words or less discussing what impact the services or donations had on the delivery of high quality services for families _____

<u>RATING CRITERIA POINTS</u>	MAX. POINTS	TOTAL
• Application must be completed and must be typed	10	_____
• A paragraph of three hundred words or less describing services provided to local program	50	_____
• Documents, pictures, newspaper articles, etc., describing or highlighting contributions or services to local Head Start Program	20	_____
• A paragraph of three hundred words or less discussing what impact the services or donations had on the delivery of high quality services for families	20	_____
• Total Points	100	_____

All information must be typed

**FRIEND OF HEAD START AWARD
APPLICATION (PLEASE TYPE)**

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____ **FAX:** _____

OCCUPATION: _____

NAME OF HEAD START PROGRAM WHERE SERVICE IS PROVIDED: _____

DESCRIPTION OF SERVICE: _____

YEARS ASSOCIATED WITH HEAD START AGENCY: _____

NAME OF HEAD START DIRECTOR: _____

SIGNATURE: _____ **DATE:** _____

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

Signature

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.

SIGNATURE: _____ DATE: _____

REGION VI HEAD START ASSOCIATION CERTIFICATION FORM

DOLLAR PER CHILD CAMPAIGN

I hereby state that I have participated in the Dollar Per child Campaign.

Applicant's Signature

Local Head Start Director's Signature

STATE HEAD START ASSOCIATION

I hereby state that I am a member of the _____ Head Start Association (name of state)

Applicant's Signature

Local Head Start Director's Signature

State Head Start Association President's Signature

NATIONAL HEAD START ASSOCIATION

Note: This form must accompany all applications. Head Start Director refers to the Head Start Director at the grantee central office and not the center director.