



**NCHSA 2010**  
**Family Advocate of the Year**  
Application Form



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

\_\_\_\_\_  
Name of Nominee Today's Date

\_\_\_\_\_  
Mailing Address of Nominee

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Email

\_\_\_\_\_  
Name of Local Head Start Program

\_\_\_\_\_  
Mailing Address of Local Head Start Program

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Name of Head Start Director *Signature of Head Start Director*

\_\_\_\_\_  
Phone Fax E-Mail

\_\_\_\_\_  
Name of Head Start Grantee (if different from local program)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Fax

**Applications must be RECEIVED no later than January 15, 2010.**

## Submission Check List

Please check each box to indicate that all **REQUIRED MATERIALS** are attached and send to your local Head Start Program:

- Your completed Application Form
- Questionnaire responses
- Four letters of reference
- Copy of applicant's current NCHSA Membership card

## Application Process at a Glance

**Step 1** -- Submit all items to you local Head Start Program

**Step 2** -- Local Programs will review applications choosing one nominee. The Local Program's winning nominee's complete application must be mailed to:

**NCHSA Awards & Scholarships Committee**

**Attention: Patti Horan, Chairperson**

**PO Box 4534**

**Asheboro, NC 27204**

**Applications must be RECEIVED by January 15, 2010.**

**Step 3**-- The Committee will choose two nominee's from each cluster.

**Step 4**-- From the eight winners one will be chosen to represent the North Carolina Head Start Association at the Region IV Association.

**Step 5** -- One overall winner will receive the Family Advocate of the Year award, which will be presented at the Awards Banquet at the NCHSA 40<sup>th</sup> Annual Training Conference, March 10-12, Raleigh, NC.

## Award

The Family Advocate of the year will receive an award certificate or plaque and a monetary award.

## Award Criteria

**Note: Failure to meet any of the criteria below will result in automatic elimination.**

1. Applicant must serve as a Head Start /Early Head Start home-based or center-based Family Advocate (Family Service Worker, Family Services Advocate, etc.).
2. The local program must be a current member of NCHSA. Applicant must be a member of the NCHSA.
3. Applicant must be a program employee for at least three years.
4. Applicant must have credentials beyond high school diploma.
5. Four letters of reference must be included with the application.
6. All questions from the Questionnaire must be answered in their entirety.

## Questionnaire (90 Points)

On a separate sheet, please type your answers to the following questions. The maximum point value for each question is indicated in parentheses. **The Committee will rate specific, not subjective, information.**

**Question 1: (10 points)** Length of service in program: What year did you start? What positions have you held, and so on?

**Question 2: (15 points)** Training, qualifications, and credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess, and so on?

**Question 3: (15 points)** Mobilization of resources and collaboration: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include size of your program.

**Question 4: (20 points)** Quality and provision of services: Describe activities in your Head Start program or community that are unique and meet or surpass the Program Performance Standards.

**Question 5: (30 points)** Describe in 500 words or less (no more than two typewritten, double-spaced pages) any special contributions you have made to the program that have had a positive impact on services to the total program. Please be very specific.

## Letters of Reference (10 points)

The applicant must include four letters of reference from people who know the applicant in the following capacities:

- A) Supervisor
- B) Personal
- C) Community
- D) Head Start Director

Note: The Committee will rate the overall effectiveness of the letters, however, **applications that do not include all four references will not be considered for this award.**

PLEASE MAIL COMPLETED APPLICATION AND ATTACHMENTS TO:

**NCHSA Awards & Scholarships Committee  
Patricia Horan, Chairperson  
P.O. BOX 4534  
Asheboro, NC 27204**

**Applications must be RECEIVED no later than January 15, 2010.**