



NORTH CAROLINA HEAD START ASSOCIATION

2010 Annual Scholarship Award

*Applications must be **RECEIVED** by **January 15, 2010** to be eligible for a NCHSA scholarship.*

Date: _____

Full Name: _____ Student ID (if known) _____

Applicant's Mailing Address: _____

Applicant's Email address: _____

Applicant's Home Telephone _____ Date of Birth _____

Names of Parents/Guardians: _____ Phone: _____

Address of Parents/Guardians: _____

(Only if different from applicant) _____

Number in family _____ Yearly total family income: \$ _____

North Carolina Head Start Program attended: (Location and Dates)

Please check the Cluster affiliation of your local Head Start program:

Cluster A Cluster B Cluster C Cluster E

Materials to be submitted: *(Must ALL be completed correctly or application will be eliminated)*

___ Completed application with original signature

___ A letter signed by the current Director of the North Carolina Head Start Program from which the Student graduated certifying that the applicant did graduate from the program. If program is no longer in operation, a letter from another official who will vouch for applicant's graduation from the program is necessary.

___ Three (3) letters of recommendations from persons with knowledge of applicant (excluding relatives.)

___ A sealed official transcript of grades.

___ Names/complete addresses of colleges to which applicant has applied and interested in attending.

___ A composition written by the applicant in one thousand (1,000) words or less which contains a mini autobiography, the applicants' career objectives, financial needs and means of paying school expenses in addition to the NCHSA scholarship.

Additional Required Information

High School Attended: (locations and dates)

Other Schools Attended: (locations and dates)

List Community, School, and Church activities in which you have participated.

List the College/University you plan to attend, date of admission and planned major or area of study.

Have you been admitted to the institution of your choice? Yes No If yes, Date _____

(If yes, attach admittance letter) Applicant gender: Male Female

Has applicant applied for other financial assistance? Yes No

If you have received financial assistance, how much did you receive and from whom?

Amount: _____ From: _____

Amount: _____ From: _____

Note: North Carolina Head Start Association Scholarship funds are provided solely for the purpose of assisting with continuing higher education among North Carolina Head Start graduates. Any improper use of such funds will be considered a breach of applicable local, state, and Federal laws.

To the best of my knowledge, all information provided on the form and in my application is true and correct as certified by my signature below.

Applicant's Signature

Date

Sponsoring Head Start Director's Signature

Date

Please mail to: Awards & Scholarships Committee
Patti Horan, Chairperson
PO Box 4534
Asheboro, NC 27204

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A committee will rate overall effectiveness of information provided. If applications are not filled out correctly and received before the deadline including letters of recommendation, completed documents including signatures, etc. the application will be eliminated. The committee will choose two applicants from each Cluster. Each of the winners will receive a \$1,000 scholarship that will be sent directly to the college they will be attending. A student can only win a NCHSA scholarship award one time.