NCHSA
SPECIAL RECOGNITION
Application

NCHSA requests that each Head Start Program submit the name of one (1) person or organization that has contributed greatly to your program. This individual or organization will receive a certificate for their service to your program and early childhood community.

This person or organization can be a staff member, an organization that works with your program, or a person that has helped your program in other ways. We prefer it NOT be a Head Start parent.

Please mail or fax completed form to:

NCHSA Special Recognition
PO Box 4524
Asheboro, NC 27204
Fax: 800-619-7313

Name of Head Start Program:	
Contact:	
Name of Special Recognition Recipient:	
Contact:	
Contributions this person made to our program:	

Director's Signature: _____ Date: _____

Application Deadline: ***January 15, 2010***