

# Wisconsin Head Start Association

## APPLICATION FOR THE 2011 WHSA PARENT AFFILIATE "POSITIVE OPPORTUNITIES FOR PARENTS" (POP) SCHOLARSHIP

**\*\*\* YOU MUST COMPLETE THE APPLICATION IN FULL (INCLUDING THIS COVER PAGE) TO BE CONSIDERED ELIGIBLE FOR THE SCHOLARSHIP.**

Full Name:			
Home Address:			
Home Phone #:		Email:	

Program Name:			
Program Address:			
Agency Phone #:		Director's Name:	
Are you a current HS/EHS staff member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever received any WHSA scholarship (POP, Staff, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<p><i>Please Note: If you answered "Yes" to either of the above questions, you are <u>ineligible</u> for a POP Scholarship. Past WHSA Scholarship recipients and current staff members are excluded from receiving a POP Scholarship. Please do not complete this application. It will not be considered by the selection committee.</i></p>			

**Application must be received at the WHSA Office by Friday, May 27, 2011.**

Wisconsin Head Start Association  
122 E. Olin Avenue, Suite 110  
Madison, WI 53713

Phone: 608-442-6879  
Fax: 608-442-7672

**PLEASE ATTACH ADDITIONAL SHEETS OF PAPER IF YOU NEED MORE ROOM TO ANSWER QUESTIONS.**

10. List your involvement in Head Start (parent, volunteer, policy council, etc.) and the number of years you've been involved in each activity.

*Example: Policy Council Rep.*

*2 years*

11. Describe any community involvement, including the duration of your involvement in each activity, outside of Head Start.

12. Name of accredited institution you will attend:

13. Course Title(s):

14. What are your education and career goals?

15. How have you been working towards these goals to date?

16. State briefly why this scholarship would be helpful for you to continue your education.

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17. Please indicate any special needs and/or circumstances (financial, extenuating circumstances, etc.):

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18. Describe any personal and professional achievements: \_\_\_\_\_

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19. Optional: If you'd like, please attach supporting materials demonstrating your Head Start/community involvement, your academic excellence, or noteworthy accomplishments (ie, awards, transcripts, etc.).

**MANDATORY: INCLUDE AT LEAST TWO LETTERS OF RECOMMENDATION**

A minimum of one letter **must** be from a Head Start staff member. Letters of recommendation **must** be signed by the person providing the recommendation and include the person's contact information.

Letters of recommendation for WHSA scholarship applications may address any/all of the following five categories, the applicant's: 1) personal/ professional achievements, 2) educational and career goals, 3) Head Start/community involvement, 4) financial need, and 5) special needs or circumstances.

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SIGNATURE OF APPLICANT

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DATE

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SIGNATURE OF DIRECTOR

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DATE