

WISCONSIN HEAD START ASSOCIATION
APPLICATION FOR STAFF SCHOLARSHIPS

➤ **SCHOLARSHIP(S) APPLYING FOR:**

- ☐ John Erickson
☐ "Corky" Mikus* (Past/Current Parents only)
☐ Joyce E. Wilcox * (Past/Current Parents only)
☐ Staff Affiliate

Applicants may apply for any scholarship(s) for which they qualify. Each applicant is eligible to receive only one scholarship. Please answer each question as thoroughly as possible, using extra sheets of paper if needed. Applications are due by Friday, May 27, 2011.

Full Name: _____

Home Address: _____

Home Phone #: _____ **Email:** _____

Program Name: _____

Program Address: _____

Program Phone #: _____ **Prog. Director's Name:** _____

Position(s) Held at Head Start/Early Head Start Program: _____ **# of Years in Each Position:** _____

_____	_____
_____	_____
_____	_____
_____	_____

Total Number of Years as Head Start Staff Member: _____

NOTE: You must be employed by the Head Start program for at least one year to be considered for a WHSA Staff Affiliate Scholarship.

9. What degree(s) do you currently hold? _____

10. Do you currently hold renewable certification? Yes ☐ No ☐ Type: _____

11. Will this scholarship award be used in achieving an advanced degree? Yes ☐ No ☐

12. Name of accredited institution you will attend: _____

13. Course Title(s): _____

WISCONSIN HEAD START ASSOCIATION
APPLICATION FOR STAFF SCHOLARSHIPS

(Page 2)

14. * Were/Are you a Head Start Parent? Yes ☐ No ☐

** (Criteria used for selection of Corky Mikus and Joyce E. Wilcox Recipients.)*

15. What are your education and career goals? _____

16. Where are you currently in your pursuit of these goals? _____

17. How are you involved in Head Start and your community (i.e., board/committee involvement, positions held, etc.)? _____

18. Please indicate any special circumstances or concerns you have in achieving your goals: _____

19. Describe any personal and professional achievements: _____

WISCONSIN HEAD START ASSOCIATION
APPLICATION FOR STAFF SCHOLARSHIPS
(Page 3)

MANDATORY: INCLUDE AT LEAST TWO LETTERS OF RECOMMENDATION

One letter of recommendation must be from your current supervisor. The other letter of recommendation may be from an individual of your choice—i.e., a professor, mentor, or Head Start colleague. Letters of recommendation must be signed by the individual providing the recommendation and include his or her contact information.

Letters of recommendations for WHSA scholarship applicants should address any or all of the following areas, the applicant's:

- Personal and/or professional achievements.
- Educational and career goals.
- Head Start and community involvement.
- Financial need.
- Special needs or circumstances.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF DIRECTOR

DATE

Completed applications must be received at the WHSA Office by Friday, May 27, 2011 to be considered eligible for consideration.

Wisconsin Head Start Association
122 E. Olin Avenue, Suite 110
Madison, WI 53713
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Fax: 608-442-7672