



**TO:** Head Start and Early Head Start Directors  
WHSA Parent Affiliate Members

**FROM:** WHSA Parent Affiliate Officers

- Laura Snowbarger – President
- Danielle Schafer – Vice-President
- Amanda Nagle – Recorder
- Ashley Nerison – Region V Representative
- Ashley Vossekuil – At-Large Representative

**DATE:** February 1, 2016

**SUBJECT: WHSA 2016 Parent Affiliate Scholarship**  
**“Positive Opportunities for Parents” POP Scholarship**

Please review the attached scholarship information and application. Distribute this information to your staff for their consideration and completion. All interested applicants are to complete all information requested on the application form.

- Each applicant must attach at least two letters of recommendation (see attached guidelines for letters of recommendation on the application)
- The Head Start/Early Head Start Program Director must also sign off on the application
- Only applications received by **Thursday, March 31, 2016** will be considered timely for selection committee consideration.

The application can be downloaded at [www.whsaonline.org](http://www.whsaonline.org) and submitted via mail, fax or email.

Wisconsin Head Start Association

810 W. Badger Road

Madison, WI 53713

Fax: 608-442-7672

Email: [WHSAssist@whsaonline.org](mailto:WHSAssist@whsaonline.org)

Scholarships will be reviewed at the WHSA Spring Quarterly Meeting. All applicants will be notified of whether or not they are scholarship recipients by August 2016. Scholarships will be awarded at the WHSA Fall Quarterly Meeting.

Please contact the WHSA Office with any questions by [WHSAssist@whsaonline.org](mailto:WHSAssist@whsaonline.org) or by calling 608-442-6879.

Attachment: Scholarship Application



**Wisconsin Head Start Association**  
**Application for the 2016 WHSA Parent Affiliate**  
*“Positive Opportunities for Parents” (POPS) Scholarship*

**Who is eligible?**

- Any current Early Head Start or Head Start parent or guardian (a person legally responsible for a child) who is enrolled in or planning on attending an accredited education institution or job training center. Proof of enrollment is required to receive a scholarship.
- Applicants may *not* be previous POP Scholarship (or any WHSA Scholarship) recipient.
- Current HS/EHS staff are *not* eligible for a POP Scholarship. If you are a current staff member we encourage you to apply for one of the WHSA Staff Affiliate Scholarships.

**Amount of scholarship**

The scholarship award is \$350. The award can be used for course fees, books, childcare, and/or transportation. One scholarship each will be awarded to three individuals.

**Who determines eligibility and who selects the recipients?**

The selection committee, made up of members of the Wisconsin Head Start (WHS A) Parent Affiliate, will determine the eligibility of each applicant and determines three candidates to receive the scholarships. Applicants, those related to an applicant, or those who have a “relationship of significance” with an applicant, will be excluded from this review/selection process. The Parent Affiliate selection committee submits its candidate selections to the WHSA Board of Directors, which makes final approval of the recipients.

**Criteria used for selection**

Criteria used for selection includes the applicants’ personal and professional achievements, Head Start and community involvement, need (financial, extenuating circumstances, etc.), and educational and career goals.

**How do I apply?**

Applications will be made available at each grantee/delegate location through program Directors. Applications must include the applicant’s Head Start/Early Head Start Program Director’s signature to be considered complete. All completed applications, no exceptions, must be received by the WHSA office no later than Thursday, March 31, 2016.

**Where do I send my application?**

Please mail, fax or email completed applications to the Wisconsin Head Start Association at:

Wisconsin Head Start Association

810 W. Badger Road

Madison, WI 53713

Fax: 608-442-7672

Email: [WHS Aassist@whsaonline.org](mailto:WHS Aassist@whsaonline.org)

**Who can answer my questions?**

WHS A staff is happy to answer your questions about POP Scholarship eligibility and the application process. Please call the office at 608-442-6879 or email your inquiry to [WHS Aassist@whsaonline.org](mailto:WHS Aassist@whsaonline.org)

**Wisconsin Head Start Association**  
**Application for the 2016 WHSA Parent Affiliate**  
*“Positive Opportunities for Parents” (POPS) Scholarship*

You must complete the application in full (including this cover page) to be considered eligible for the scholarship.

<b>First Name:</b>		<b>Last Name:</b>	
<b>Home Address:</b>			
<b>Home City/State/Zip:</b>			
<b>Home Phone #:</b>		<b>Email:</b>	

<b>Agency Name:</b>			
<b>Agency Address:</b>			
<b>Agency City/State/Zip:</b>			
<b>Agency Phone #:</b>			
<b>Program Director Name:</b>			
<b>Are you a current HS/EHS staff member?</b>	YES	NO	
<b>Have you ever received any WHSA scholarship (POP, Staff, etc.)?</b>	YES	NO	

**PLEASE NOTE:** If you answered “YES” to either of the above questions, you are *ineligible* 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.

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

<i>Example: Policy Council Rep.</i>	<i>2 years</i>

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

*Please attach additional sheets if you need more room to answer questions.*

3. Name of accredited institution you will attend:
  
4. Course title(s):
  
5. What are your education and career goals?
  
  
  
  
  
  
  
  
  
  
6. How have you been working towards these goals to date?
  
  
  
  
  
  
  
  
  
  
7. State briefly why this scholarship would be helpful for you to continue your education.
  
  
  
  
  
  
  
  
  
  
8. Please indicate any special needs and/or circumstances (financial extenuating circumstances, etc.):

*Please attach additional sheets if you need more room to answer questions.*

9. Describe any personal and professional achievements:

10. 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.).

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**Signature of Applicant (Required)**

**Date**

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**Signature of HS/EHS Program Director (Required)**

**Date**

**ATTACH AT LEAST TWO LETTERS OF RECOMMENDATION**

- A minimum of one letter of recommendation 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 applicants should address any or all of the following areas:

- Personal or professional achievements of the applicant
- The applicants educational and career goals
- Head Start and community involvement
- Financial need of the applicant
- Any special needs or circumstances

Application must be **SIGNED BY HS/EHS PROGRAM DIRECTOR** and received at the WHSA office by **THURSDAY, MARCH 31, 2016** to be considered eligible for consideration. Mail, fax or email to:

Wisconsin Head Start Association  
810 W. Badger Road, Madison, WI 53713  
Fax: 608-442-7672      Email: [WHSAssist@whsaonline.org](mailto:WHSAssist@whsaonline.org)

*Please attach additional sheets if you need more room to answer questions.*