

Wisconsin Head Start Association Application for the 2018 WHSA Parent Affiliate Scholarships

"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 \$300. The award can be used for course fees, books, childcare, and/or transportation.

Eligibility and selection of award recipients

The Wisconsin Head Start (WHSA) Parent Affiliate will determine the eligibility of each applicant and select a candidate to receive the scholarship. Committee members who are related to an applicant, or have a "relationship of significance" with an applicant, will exclude themselves from the review/selection process.

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 are available online at <u>www.whsaonline.org</u> and at each grantee/delegate location. Applications must include Head Start/Early Head Start Program Director's signature to be considered complete. All completed applications must be received at the WHSA office or emailed no later than Friday, March 30, 2018.

Where do I send my application?

Please mail or email completed applications to:

Wisconsin Head Start Association Scholarships 5250 E. Terrace Dr. Suite 110-D Madison, WI 537138 Phone: 608-442-6879

Email: WHSAassist@whsaonline.org

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

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

Agency Name:				
Agency Address:				
Agency City/State/Zip:				
Agency Phone #:				
Program Director Name:				
Are you a current HS/EHS staff member?		YES	NO	
Have you ever recei	YES	NO		

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.

1. 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

2. Describe any community involvement outside of Head Start (school, church, sports, other).

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3. Describe your education and career goals.

4. How would this scholarship help you achieve these goals?

5. Describe key experiences that you have had as part of the Head Start program.

6. What school, training program or certification are you working through?

7. Describe financial or personal barriers that you have that provide a challenge to achieving your educational goals.

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8. 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.).

Signature of Applicant (Required)

Signature of HS/EHS Program Director (Required)

ATTACH AT LEAST TWO LETTERS OF RECOMMENDATION

- One letter of recommendation must be from a Head Start staff member.
- The other letter of recommendation may be from a person of your choice and include the person's signature and 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 **Friday, MARCH 30, 2018** to be considered eligible for consideration. Mail or email to:

Wisconsin Head Start Association
Scholarships5250 E. Terrace Dr.Suite 110-D, Madison, WI 53718
Email: WHSAassist@whsaonline.org

Date

Date