

STAFF AFFILIATE SCHOLARSHIP



The Staff Affiliate Scholarship is an annual scholarship made available from funds raised throughout the year by the WHSA Staff Affiliate members. The Staff Affiliate would also like to give special recognition to Lakeshore Learning Materials for their generous donation during the WHSA Annual Conference. Their generosity and support of this scholarship fund-raising raffle continues to help make this scholarship possible.

WHO IS ELIGIBLE? The Staff Affiliate Scholarship will be awarded to a <u>current Head Start employee</u>, <u>employed by</u> Head Start for at least one year from date of his/ her hire.

AMOUNT OF SCHOLARSHIP: The scholarship award is \$400. The award can be requested for an advanced education, recertification, professional development and/or related educational expenses. Notification of the award will be given by WHSA office. Attendance at the Awards Ceremony at the Fall Quarterly event is strongly encouraged.

ATTACH AT LEAST TWO LETTERS/EMAILS OF RECOMMENDATION

- One letter/email of recommendation should be from your current supervisor.
- The other letter/email of recommendation may be from a colleague of your choice i.e. professor, mentor, or Head Start staff member.

Recommendation for WHSA scholarship applicants should address 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**, **APRIL 16, 2021** to be eligible for consideration. If the Program Director is unable sign the application either virtually or physically, notice of permission/support must be emailed to WHSA at the below address by April 16, 2021 by the stated director.

Mail or email to:

Wisconsin Head Start Association

5250 E. Terrace Dr. Suite 112 Madison, WI 53718 Phone: 608-442-6879 WHSAassist@whsaonline.org

*Scholarship winners will be expected to provide testimony to WHSA regarding their Head Start experience.

Each applicant is eligible to receive only one scholarship. Please answer each question as thoroughly as possible.

First Name:				Last Name:					
Home Address:									
City/State:					Zip:				
Phone #:					Email:				
Grantee Name:									
Grantee Address:									
Grantee City/State:				G	rantee Zip	:			
Grantee Phone									
Program Director	Name:			I I					
Position(s) in Head Start:								# of Years:	
Date of Hire:									
Circle all that apply:	Credent		Conference		fessional Dev.		College oursework	Certification	Educational Expenses
Name of accredite training you plan	ference, or								
Describe your education and career goals.									

How would this scholarship help you achieve these goals?							
Describe any financial, personal barriers, or challenges that you have to	o achieving your educational goals.						
2 cooling unity personal authors, or enablinged enably on inter-	o wemo ving your ownown gould						
How are you involved in Head Start and your community (i.e. board/cetc.)?	ommunity involvement, positions held,						
etc.):							
What makes you passionate about your work with Head Start?							
Signature of Applicant (Required)	Date						
Signature of HS/EHS Program Director (Required)	Date						