NORTH CAROLINA HEAD START ASSOCIATION

Khari Garvin

2018-2019 Annual Scholarship Award

***Applications must be RECEIVED by December 3, 2018 to be eligible for a NC Head Start Association scholarship.***

***Be sure to complete form below in its entirety. All fields are REQUIRED. Please type or print clearly.***

Applicant’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Only if different from applicant)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number in family\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yearly total family income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

North Carolina Head Start Program attended: (Location and Dates)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the Cluster affiliation of your local Head Start program:

❒ Cluster A ❒ Cluster B ❒Cluster C ❒ Cluster E

Materials to be submitted: *(Must ALL be completed correctly or application will be eliminated)*

\_\_\_Completed application with original signature

\_\_\_A letter signed by the current Director of the North Carolina Head Start Program from which the Student graduated certifying that the applicant did graduate from the program. If program is no longer in operation, a letter from another official who will vouch for applicant’s graduation from the program is necessary.

\_\_\_ Three (3) letters of recommendations from persons with knowledge of applicant (excluding relatives)

\_\_\_ A sealed official transcript of grades.

\_\_\_ Names/complete addresses of colleges to which applicant has applied and is interested in attending.

\_\_\_ A composition written by the applicant in one thousand (1,000) words or less which contains a mini autobiography, the applicant’s career objectives, financial needs and means of paying school expenses in addition to the NCHSA scholarship.

Additional Required Information

High School Attended: (locations and dates)

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Other Schools Attended: (locations and dates)

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List Community, School, and Church activities in which you have participated.

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List the College/University you plan to attend, date of admission and planned major or area of study.

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Have you been admitted to the institution of your choice? \_\_\_ Yes \_\_\_ No If yes, Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If yes, attach admittance letter) Applicant gender: \_\_\_ Male \_\_\_ Female

Has applicant applied for other financial assistance? \_\_\_ Yes \_\_\_No

If you have received financial assistance, how much did you receive and from whom?

Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: North Carolina Head Start Association Scholarship funds are provided solely for the purpose of assisting with continuing higher education among North Carolina Head Start graduates. Any improper use of such funds will be considered a breach of applicable local, state, and Federal laws.

To the best of my knowledge, all information provided on the form and in my application is true and correct as certified by my signature below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Head Start Director’s Signature Date

Please mail to:

 **NCHSA Awards and Scholarships Committee**

 **ATTN: Shantel Mitchell, Chairperson**

 **700 Parkwood Avenue**

 **Charlotte, NC 28205**

Applications must be RECEIVED by December 3, 2018 to be eligible for a NCHSA scholarship.

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A committee will rate overall effectiveness of information provided. If applications are not filled out correctly and received before the deadline including letters of recommendation, completed documents including signatures, etc. the application will be eliminated. The committee will choose two applicants from each Cluster. Each of the winners will receive a $1,000 scholarship that will be sent directly to the college they will be attending. A student can only win a NCHSA scholarship award one time.