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**ATTENTION: GRADUATING HIGH SCHOOL SENIORS**

**2nd HEAD START ALUMNI SCHOLARSHIP PROGRAM**

Community Services for Children, Inc. (CSC) is pleased to announce our annual scholarship program for former Head Start/Early Head Start students graduating in June 2023 and continuing their education.

## Eligibility Guidelines:

1. Previous participation in an Head Start/Early Head Start Program
2. Acceptance in an institution or program of higher learning, i.e. college, vocational school, or trade school
3. Complete application form with all required attachments

Only complete applications on designated forms with all required information will be considered. Please complete all sections; if not applicable, indicate by “N/A”. Incomplete or inaccurate information could jeopardize eligibility.

## Selection Criteria:

1. Academic performance
2. Extracurricular activities
3. Community involvement
4. Personal achievements and leadership roles
5. All other information on the completed application

## Submission:

All application packets ***must be received by 4:00 p.m. on Friday, May 19th, 2023.***

**Scholarship:**

Scholarships will be awarded in the amount of $2,500.

## Complete application packets include two parts:

Part I: Part II:

Application Photos (Head Start/Early Head Start and High School)

Institution of Higher Learning Acceptance Notification

Two-page essay (see page 6 for details)

Letter of recommendation from guidance counselor or teacher

Participation in 2nd Alumni Scholarship Award Celebration

All completed applications and attachments (Parts I and II) must be mailed or submitted via email. Incomplete application packets will not be accepted.

**For submissions via mail please send to: For submissions via email please send to:**

Kaitlyn Kelly Kaitlyn Kelly

Community Services for Children **kkelly@cscinc.org**

1520 Hanover Avenue

Allentown, PA 18109

Applications will be reviewed by the CSC Advancement Committee to determine the final selection of recipients. Awardees will be notified in **June of 2023.**

## Community Services for Children

## 1520 Hanover Avenue,

## Allentown, PA 18109

## https://www.cscinc.org

**SCHOLARSHIP APPLICATION**

LIST THE NAME, ADDRESS, AND PHONE NUMBER OF THE INSTITUTION OF HIGHER EDUCATION TO WHICH THE CHECK SHOULD BE MADE PAYABLE IF YOU ARE AWARDED A SCHOLARSHIP. IF YOU ARE UNDECIDED, FUNDS WILL BE HELD UNTIL THIS INFORMATION CAN BE PROVIDED.

*I understand that the evaluation of all data submitted on my behalf will be performed by an impartial selection committee and that the decisions of the Advancement Committee, based upon the criteria as outlined in the application, will be final. I also acknowledge that adherence to the deadline for submission of applications will be strictly adhered to and that applications received by Community Services for Children, Inc. after the stated deadline for submission will not be accepted.*

***I understand that if selected to receive a scholarship award the following will be asked of me:***

* *Discuss application with Community Services for Children via phone, email, or Zoom and respond in a timely manner.*
* *Be available for a 2nd Head Start Scholarship Celebration either in-person or virtually to celebrate the achievement of receiving a scholarship award.*
* *Respond to a brief survey sent after your first semester, which includes providing a testimonial of how Head Start/Early Head Start impacted your college experience.*

**STUDENT’S SIGNATURE DATE**

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|  |  |  **COMMUNITY SERVICES FOR CHILDREN, INC.** **2nd HEAD START ALUMNI SCHOLARSHIP PROGRAM** |
|  |  |  |  |  |
| **1.** | **Print Name:** |  |  | **Date of Birth:** |
| **2.** | **Address:** |  |  |  |  |  |
|  |  |  |  |  |
| **Email:** |  |  | **Phone:** |  |

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| **3.** | **Name of High School:** |  |  |  |  |  |  |  |  |
|  | **Anticipated Date of Graduation:** |  |  |  |  |  |  |  |  |  |
| **4.** | **Parent/Guardian Name(s):** |  |  |  |  |  |  |  |  |
| **5.** | **Are you the first member of your immediate family to attend college?** | **Yes** | **No** |  |  |  |
| **6.** | **Have you been accepted into a college or technical school?** | **Yes** | **No** |  |  |  |  |  |
| **If yes, School Name, City, and State:** |  |  |  |  |  |  |  |
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**7. Why did you choose this school?**

**8. What is your anticipated field of study?**

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1. **What do you expect to be doing five years from now?**
2. **Please add any additional information you would like to share**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**11. School Activities**

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| --- | --- | --- | --- | --- | --- |
|  |  | Grade Level |  | Approx. Time Spent |  |
|  |  |  |  |  |  |  |
| Activity or Interest | 9 | 10 | 11 | 12 | Hrs./wk. | Position Held, Honors Won |
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**12. Community Involvement**

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| --- | --- | --- | --- | --- | --- |
|  |  | Grade Level |  | Approx. Time Spent |  |
| Activity or Interest | 9 | 10 | 11 | 12 | Hrs./Wk. or | Days/Month | Position Held, Honors Won |
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**13. Work Experience**

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| --- | --- | --- | --- |
| Job(s) Held | Employer | Approx. Dates of | Hours Worked/Week |
|  |  | Employment |  |
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| **Will you seek work while attending school?** | **Yes** | **No** |

**14.** Complete a typed, two-page, double-spaced, essay discussing how your Head Start/Early Head Start experience played a role in your education. Please address the following questions/topics in your essay:

1. Describe your educational journey starting with Head Start/Early Head Start.
2. Why did you choose to pursue your selected major? If your major is undecided, please discuss what you potentially may choose and why.
3. What made you decide to attend your selected institution of higher education?
4. What are your goals and expectations for furthering your education?
5. What do you plan to do after you graduate from college, vocational school, or trade school?
6. How will this scholarship help give you a “2nd Head Start”?

**15.** Please include a copy of a photo from your Head Start/Early Head Start experience, along with your senior high school picture.

**16.** Please include a letter of recommendation from either a guidance counselor or teacher. An email from a guidance counselor or teacher is acceptable.

**17**. Please check off yes below and sign for participation in 2nd Head Start Alumni Scholarship Celebration

Yes, I agree to attend the 2nd Head Start Alumni Scholarship Celebration (please check off) \_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMUNITY SERVICES FOR CHILDREN, INC.

2nd HEAD START ALUMNI SCHOLARSHIP PROGRAM

**DECLARATION OF HEAD START/EARLY HEAD START PARTICIPATION & GPA**

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Name of Student (please print) Home Address

I am the parent/guardian of the above-named student who is an applicant for the 2nd Head Start Alumni Scholarship Program. The selection of winners is based, in part, on the information listed below and I hereby authorize you to release it to the Advancement Committee. By signing this form I hereby confirm that the above-named student attended a Head Start/Early Head Start (listed below) and that the GPA listed is accurate as of the date listed below.

**Name & Location of Head Start/Early Head Start Attended:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name of Head Start/Early Head Start Teacher (if known):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current:**

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| **1. GPA:** \_\_\_\_\_\_\_\_\_\_\_ |  |  |

1. **Class Rank (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_in class of \_\_\_\_\_\_\_\_\_\_\_\_\_\_as of\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(Number)* *(Class Size)* *(Date)*

Parent/Guardian Printed Name

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application should be mailed or emailed to Community Services for Children, Inc. If you have any questions, please contact Kaitlyn Fletcher KFletcher@cscinc.org.