

**ATTENTION: GRADUATING HIGH SCHOOL SENIORS
2nd HEAD START ALUMNI SCHOLARSHIP PROGRAM**

Community Services for Children, Inc. (CSC) is pleased to announce the 2nd annual scholarship program for former Head Start students graduating in June 2020 and continuing their education.

Eligibility Guidelines:

1. Previous participation in a 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 29, 2020.**

Scholarship:

Scholarships will be awarded in the amount of \$500 -\$2000.

Complete application packets include 2 Parts:

Part I:

Application

Part II:

Photos (Head Start and High School)

Institution of Higher Learning Acceptance Notification

One page essay (see page 4 for details)

Letter of recommendation from guidance counselor or teacher

All completed applications and attachments (Parts I and II) must be submitted via email. Incomplete application packets will not be accepted. You must e-mail the completed application along with all required attachments to the e-mail address listed below.

For submission via email:

Teri Haddad

Vice President of Community Early Learning Initiatives

thaddad@cscinc.org

Applications will be reviewed by the CSC Development Committee to determine the final selection of recipients. Awardees will be notified in **June of 2020.**

**Community Services for Children
1520 Hanover Ave,
Allentown, PA 18109
<https://www.cscinc.org/>**

SCHOLARSHIP APPLICATION

LIST THE NAME AND ADDRESS 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 Development Committee, based upon the criteria as set forth 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.

STUDENT'S SIGNATURE

DATE

COMMUNITY SERVICES FOR CHILDREN, INC.
2nd HEAD START ALUMNI SCHOLARSHIP PROGRAM

1. Print Name: _____ Date of Birth: _____

2. Address: _____

Email: _____ Phone: _____

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: _____

7. Why did you choose this school? _____

8. What is your anticipated field of study? _____

9. What do you expect to be doing five years from now? _____

10. Please add any additional information you would like to share. _____

13. Work Experience

Job(s) Held	Employer	Approx. Dates of Employment	Hours Worked/Week

Will you seek work while attending school? Yes No

14. Attach a typed, one page, double-spaced discussion of your goals and expectations for furthering your education and the role Head Start played in your development.

15. Please include a photo from your Head Start experience, or a picture of you at four years of age, along with your senior high school picture. Original copies will be returned.

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

COMMUNITY SERVICES FOR CHILDREN, INC.
2nd HEAD START ALUMNI SCHOLARSHIP PROGRAM
DECLARATION OF HEAD START PARTICIPATION & GPA

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 Development Committee. By signing this form I hereby confirm that the above-named student attended a Head Start Center (listed below) and that the GPA listed is accurate as of the date listed below.

Name & Location of Head Start Center Attended: _____

Name of Head Start Teacher (if known): _____

Current:

1. GPA: _____

2. 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 then e-mailed to Community Services for Children, Inc. If you have any questions, please contact Teri Haddad thaddad@cscinc.org

