



Leota Brown Memorial Scholarship

Sponsored by the Illinois Head Start Association

Award

This award is to support college education (field of study in any area) for a **Head Start parent, staff or former Head Start child**. The Leota Brown Memorial Scholarship winner will receive a \$750 education scholarship. The \$750 will be paid directly to the educational institution of the winner's choice. The winner will receive award recognition at the IHSA Annual Training Conference in Springfield.

Criteria for Selection

1. Must be a past or present parent, staff or former Head Start child.
2. Must provide proof of High School diploma or GED.
3. Must provide three (3) written letters of reference from persons other than a family member.
4. Must have Head Start Director's signature.
5. Agency must have current IHSA agency membership status
6. Must write a one (1) page typed, double spaced essay describing why the scholarship would benefit the applicant.

<u>Rating Criteria:</u>	<u>Maximum points</u>
1. Present or past parent, staff or Head Start child.....	Required
2. Proof of HS diploma or GED.....	10 points
3. Three letters of reference.....	20 points
4. Essay.....	30 points
5. Level of involvement in Head Start	15 points
6. Career Goals Identified.....	20 points
7. Completion of application.....	5 points

TOTAL POINTS.....100 points

The IHSA Scholarship Committee will make the final selection. Judges will consider quality and completeness of application. Faxes will not be accepted.

Applications must be submitted electronically via email or mailed to the IHSA office by close of business (5:00pm) on February 14, 2014 :

Illinois Head Start Association
3435 Liberty Drive
Springfield, Illinois 62704
OR miocca@ilheadstart.org



APPLICATION FORM

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Be sure to fully complete the application. Please print or type clearly. Attach written essay.

Name of applicant _____

Social Security Number _____ - _____ - _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Name of Head Start program _____

Address of local Head Start program _____

Head Start phone _____ Years affiliated with Head Start _____

Position in Head Start: _____ Staff _____ Past/Present Parent _____ Past Head Start Child

Please fill in completely. Use extra pages if needed:

Level of involvement with Head Start _____

Accredited school or college of your choice _____

Career Goal (s) _____

Director's Signature

Date

Applicants Signature

Date