



OREGON HEAD START ASSOCIATION SCHOLARSHIP APPLICATION FORM

9140 SW Pioneer Ct Ste E Wilsonville, OR 97070

Please be sure to complete this form in its entirety. All fields are required. Type or print.

Date:

SCHOLARSHIP I'M APPLYING FOR

(check only one box)

Frank Roberts-Parent

Ken Lyday - Staff

Richard Alexander - EHS

My scholarship essays may be
posted on the OHSA website:

Yes or No

SUBMIT TO LOCAL PROGRAM

**Submit by the date established
locally.**

**Applications sent directly to OHSA
will be disqualified.**

ATTENTION LOCAL

PROGRAMS- Please submit all
applications as a bundle with the State
Confirmation Form.

Mailed applications must be received
at the association office (address
above) two weeks before Annual May
Spring conference. Applications may
be **hand-delivered** to the registration
table at the Annual May Spring
Conference First day by 2:00 pm

APPLICANT INFO

Name:

Mailing Address

City Zip Code

Phone Email Address

local Head Start Program:

Mailing Address

City Zip Code

SUBMISSION CHECK LIST

Applicant: Please check each box to confirm that **three sets** of all required materials are
attached

- Completed application form
- Category responses
- Head Start or Early Head Experience
- Personal/Goals/Aspirations
- Three letters of reference (relationship capacity clearly indicated n top right corner of each)
 - Supervisor/Teacher
 - Personal
 - Community Member
- Proof of acceptance or enrollment in an institution of higher learning