



**Kentucky Head Start Association
Ann Phipps Memorial Award & Scholarship**

NOMINATION FORM

Name of Nominee _____

Address _____

City _____ State _____ Zip _____

Phone: (_____) _____ Social Security No. _____

Program Name: _____

Names and specific years of Head Start enrollment for each of Nominee’s children:

Child’s Name _____ Years of Enrollment _____

Child’s Name _____ Years of Enrollment _____

Child’s Name _____ Years of Enrollment _____

Training/School Nominee is attending or plans to attend:

*****Include a brief written description of accomplishments and aspirations (no more than 200 words)***

Nominee’s Head Start employment (if applicable):

Position _____ Years of Employment _____

Position _____ Years of Employment _____

Nominator Information

Head Start Director _____

Address _____

City _____ State _____ Zip _____

Phone: (_____) _____ Email _____

Each program may nominate one (1) individual for the Ann Phipps Memorial Award and Scholarship. **Please submit all required documents by Friday, March 16, 2012** to:

**Kentucky Head Start Association
649 Charity Court, Suite 1
Frankfort, KY 40601**