



**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 \_\_\_\_\_

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Each program may nominate one (1) individual for the Ann Phipps Memorial Award and Scholarship. **Please submit all required documents by Friday, February 19, 2010** to:

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