



**Kentucky Head Start Association
Memorial Scholarship**

NOMINATION FORM

Name of Nominee _____

Address _____

City _____ State _____ Zip _____

Phone: (_____) _____ Social Security No. _____

Head Start Program attended: _____

Years of Head Start enrollment: _____

High School Attended _____

Name & Address of College, Technical or Occupational School You Plan To Attend:

Dates of Enrollment: _____

Test Scores: ACT _____ SAT _____ (if you are planning to attend college)

Field of Study _____

Extra Curricular Activities _____

Membership in School/Community/Other Organizations _____

Other Interests/Information _____

Head Start Program making Nomination: _____

Head Start Director's Name: _____



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Required Attachments to Nomination Form

- 1. Completed Nomination Form. All documents must be typed or neatly printed.
- 2. Copy of Policy Council minutes approving nomination.
- 3. Three letters of recommendation.
- 4. Brief description of Nominee's need for Financial Assistance.
- 5. Nominee's brief composition (no more than 200 words) discussing goals or aspirations for furthering his/her education and the role Head Start has played in his/her education.

Please check off each item before sending Nomination Form to ensure qualification.

Each program may submit one (1) nominee for consideration. **Please submit all required documentation no later than Friday, February 19, 2010** to:

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