



NATIONAL HEAD START ASSOCIATION



# 2011 SCHOLARSHIPS & AWARDS



NATIONAL HEAD START ASSOCIATION

Dear Colleagues:

The National Head Start Association is delighted to release the 2011 Scholarships & Awards Booklet! On the following pages, you will find applications for scholarships and awards that recognize significant accomplishments in nearly every area of Head Start. NHSA applauds the important work and tremendous dedication of Head Start staff, including administrators, teachers, and parent involvement and support staff. We celebrate the remarkable achievements of Head Start parents through such offerings as the Father of Year Award and the Ann Phipps Memorial Scholarship. We proudly acknowledge the valuable contributions of Head Start supporters through the NHSA Corporate and Humanitarian Awards. And we support the continued success and accomplishments of Head Start alumni through the Phyllis J. Jones Memorial Scholarship for Head Start Graduates and the Dr. Scott Harkley Memorial Scholarship for Head Start Graduates Pursuing a Medical Career.

Please note that completed applications are due no later than January 21, 2011. The awards and scholarships will be presented during the 38<sup>th</sup> Annual Head Start Conference & Meetings, which will take place April 4-8, 2011, in Kansas City, Missouri. Please review and follow the General Rules and Regulations (see page 3) and the individual award or scholarship criteria. As noted in the following pages, all applications must be submitted by the regional association, the National Indian Head Start Directors Association, or National Migrant and Seasonal Head Start Association with a completed Regional Confirmation Form (see page 5).

To support our efforts to “go green” by conserving our natural resources, scholarship and award winners, appropriate state and regional presidents, and the winners’ local Head Start program directors will be contacted primarily by e-mail.

We look forward to receiving your inspiring nominations!

Sincerely,

A handwritten signature in cursive script that reads "Yasmina Vinci".

Yasmina Vinci  
Executive Director

1651 Prince Street, Alexandria, VA 22314  
Tel: (703) 739-0875 • Fax: (703) 739-0878 • [www.nhsa.org](http://www.nhsa.org)

The National Head Start Association, an independent membership organization, advocates on behalf of the entire Head Start community and provides training and resources to Head programs nationwide.



NATIONAL HEAD START ASSOCIATION

**Submission Deadline:  
January 21, 2011**

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**Submission Deadline:  
January 21, 2011**

## 2011 Scholarships & Awards General Rules and Regulations

- All award applications must reflect services contributed during the program year from August 2009 through June 2010.
- A nominee may apply for no more than one scholarship or award each year.
- Nominees must be a current member of NHSA. Please see the specific award or scholarship criteria to determine whether a nominee must be an individual member or if the local program must be a member. Membership status will be verified by NHSA; non-member applications will not be considered.
- Applications must be fully completed and neatly printed or typed. All criteria for an award must be met. Incomplete or illegible applications will not be considered.
- Only submit one copy of an application per nominee. Do not bind, hole punch, or scrapbook applications; however, a stapled copy of the application is acceptable.
- The nominee's name and a page number must appear on each page of the application.
- Only copies of forms from this booklet will be accepted.
- Videos will not be accepted.
- The nominee's Social Security number must be included on the application in order to be eligible for cash prizes.
- NHSA reserves the right to publish photos and information provided in the application.
- Any applications received directly from individuals, programs, or state associations without a confirmation form from the regional association will not be considered (See Regional Confirmation Form on page 5).
- Scholarship and award winners are invited to attend the awards ceremony which will be held during NHSA's 38<sup>th</sup> Annual Head Start Conference, **April 4-8, 2011, in Kansas City, Missouri**. *NHSA is not responsible for housing, transportation, or other expenses associated with attending the awards ceremony.* Programs or regions are responsible for all travel and accommodations.
- Nominees, program directors, and regional presidents will be contacted by e-mail. E-mail addresses to active accounts should be clearly written or typed.
- NHSA board members, staff, and family members are ineligible.

**Submission Deadline:  
January 21, 2011**

## 2011 Scholarships & Awards Application Process

### Local Program

- Distribute applications to Head Start staff and parents.
- Select a panel to review local program nominees.
- Establish a timeline for submission of local winners to your state association.  
**Note:** All rules, regulations, and deadlines established at the state level must be adhered to.
- Establish a special recognition for local winners and nominees.
- Send the winning applications to your state association. Note: Programs in Regions XI and XII should submit applications directly to the National Indian Head Start Directors Association or the National Migrant and Seasonal Head Start Association.

### State Associations

- Select a panel to review local program applications.
- Establish a timeline for submission of state winners to your regional association.  
**Note:** All rules, regulations, and deadlines established at the regional level must be adhered to.
- Establish a special recognition for state winners and nominees.
- Send the winning applications to your regional association.

### Regional Association

- Select a panel to review applications from state associations.
- Establish a special recognition for regional winners and nominees.
- Send the winning regional applications to NHSA *no later than January 21, 2011*.
- Applications received after this date will not be considered.  
**Note:** A region may submit only one application for each scholarship or award.

*All applications must be accompanied by a Regional Confirmation Form (on page 5 of this booklet) and signed by one of the following individuals: regional president or regional awards and scholarship committee chairperson.*

- Application packages should be mailed to the following address:  
**NHSA Scholarships & Awards**  
**3575 Bridge Road**  
**Suite 8, PMB #603**  
**Suffolk, VA 23435**

### NHSA

- Select a panel of judges.
- Select and notify winners.
- Recognize Parent of the Year and Beating the Odds nominees, and announce the winners at a special awards ceremony during NHSA's Annual Head Start Conference & Meetings in April 2011.



# 2011 Scholarships & Awards

NATIONAL HEAD START ASSOCIATION

## Regional Confirmation Form

Regional associations should complete this form and attach it to applications submitted to NHTSA. Applications that arrive without a completed Regional Confirmation Form will not be accepted.

Date \_\_\_\_\_

Region \_\_\_\_\_

Name of President or Chairperson \_\_\_\_\_

Professional Title \_\_\_\_\_

Street Address (Place of Work) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

I confirm that region \_\_\_\_\_ is submitting the following applications to NHTSA for the 2010-2011 NHTSA Scholarships & Awards and that all nominees are NHTSA members.

**Submission Deadline: January 21, 2011**

Please check the boxes of each award being submitted by your region.

- Administrator of the Year Award – Head Start Program Director
- Ann Phipps Memorial Scholarship (*Two submissions are allowed.*)
  - Curtis Pride Scholarship
  - Father of the Year Award
  - Helen Hollingshed Taylor Memorial Scholarship
  - Humanitarian of the Year Award Margaret M. Coughlin Memorial Award
  - NHTSA Corporate Award NHTSA Leadership Award
- Phyllis J. Jones Memorial Scholarship (*Two submissions are allowed.*)
  - Dr. Scott Harkley Memorial Scholarship
  - Support Staff of the Year Award
  - Teacher of the Year Award

\_\_\_\_\_  
President or Chairperson's Signature

\_\_\_\_\_  
Date



NATIONAL HEAD START ASSOCIATION

# MEMBERSHIP BENEFITS

## ALL MEMBERS:

**Advocacy** — As a national association, NHSA brings the voice of the Head Start community to Congress and the administration in support of low-income children and families.

**Resources** — NHSA offers a wealth of information, career opportunities, marketing tools, purchasing discounts, and educational resources in the “Members Only” section of the NHSA Web site.

**Publications** — NHSA members receive Exchange Everyday, the official electronic newsletter for Exchange Press Inc. that’s delivered five days a week and contains news stories, success stories, solutions, trend reports, and much more.

**Recognition** — NHSA Award and Scholarships Program recognizes outstanding achievement from Head Start staff, parents, alumni, and collaborating organizations whose contributions to Head Start inspire us all.

**Services** — Information and consultation with NHSA staff.

**NHSA Academy** — Credentialing opportunities developed by the Head Start community. An intensive week-long study program for administrators and mid-management that offers three college credits. Two self-study courses lead to a family service or health service credential.

**NHSA Update** — Members receive the latest association activity and inspiring reports from the field, comprehensive legislative insight on relevant and timely issues, and consumer protection reports.

- ✓ Legislative Alerts
- ✓ Congressional Updates
- ✓ Consumer Protection News

Academic members receive a subscription to *NHSA Dialog* and *Dialog Briefs*.

## Additionally...

### PROGRAM MEMBERSHIP:

**NHSA Conferences** — Program members receive conference registration discounts. NHSA gathers experts from across the early learning field to provide rich exposure to best practices, legislative updates, and professional development and training for all levels of learners, with CEUs and college credits available.

**NHSA Dialog/Briefs (*Programs only*)** — A research-to-practice publication for the early intervention field.

**Publications** — Subscriptions to *Exchange Magazine* and *Exchange Everyday*.

### ASSOCIATE MEMBERSHIP (Nonprofit, Corporate, University, College, and Research Groups):

**NHSA Conferences** — Associate members receive conference registration discounts. NHSA gathers experts from across the early learning field to provide rich exposure to best practices, legislative updates, and professional development and training for all levels of learners, with CEUs and college credits available.

**PROGRAM INITIATIVES** — Corporate sponsors and experts can provide early care and education field with important programs initiatives.

**ADVERTISEMENT** — Corporate Associates receive a 10% discount on exhibit space at conferences and NHSA advertising opportunities.

**NHSA DIALOG and BRIEFS (ACADEMIC INSTITUTIONS ONLY)** — A research-to-practice publication for the early intervention field.

**PUBLICATIONS** — Subscription to *Exchange Magazine* and enrollment in *Exchange Everyday*.

**WE ADVOCATE FOR, SUPPORT, AND SERVE OUR MEMBERS!**

### For Additional Information

Visit our Web site at [www.nhsa.org](http://www.nhsa.org)

Call (703) 739-0875

E-mail: [nhsamembership@nhsa.org](mailto:nhsamembership@nhsa.org)



NATIONAL HEAD START ASSOCIATION

# Individual Membership

## MEMBER CATEGORY

### Individual Membership

Without the dedicated involvement of staff and other concerned individuals, Head Start would not be the high-quality program it is today. Through a variety of membership opportunities, NHSA provides a way for every individual to participate in shaping Head Start's future.

#### Individual Membership includes:

1. Advocacy — NHSA brings the voice of the Head Start community to Congress and the Administration in support of low-income children and families.
2. Eligibility for NHSA scholarships and awards.
3. Access to all resources in the "Members Only" section of [www.nhsa.org](http://www.nhsa.org).
4. Enrollment in Exchange Everyday.

*(See Member Benefits on page 6 for more details.)*

## Individual Membership Categories

### Dues

- Head Start Staff.....  \$50
- Friend of Head Start.....  \$50
- Head Start Alumnus.....  \$25  
Please identify the program previously enrolled:  
\_\_\_\_\_
- Student.....  \$25  
Name of the college/university where enrolled:  
\_\_\_\_\_
- Academic.....  \$80  
Academic members receive discounts on product purchases, access to all resources in "Members Only" section of Web site, and a subscription to *NHSA Dialog*.
- Parent.....  \$5
- Parent Plus.....  \$25  
Parent Plus members receive parent member benefits and subscription to *Exchange Magazine*.

*Membership period is July 1-June 30.  
Any membership dues processed in mid-cycle will only receive the remaining months left in the membership term.*

## MEMBER INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization/Affiliation \_\_\_\_\_

Program Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail (Required for Online Mailings) \_\_\_\_\_

## PAYMENT INFORMATION

Please see "Member Category" section for payment amount.

Total Amount Enclosed \$ \_\_\_\_\_

Check # \_\_\_\_\_

Credit Card Type:  AmEx  MC  VISA

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail membership payment to...**  
NHSA, P.O. Box 890080, Charlotte, NC 28289-0080

Credit card payments may be faxed along with this form to NHSA's fiscal department at (703) 548-8305.

**Please note:** In order to avoid duplicate payment, please submit this form only once (i.e., do not both fax and mail membership form).

### For Additional Information...

Visit our Web site at [www.nhsa.org](http://www.nhsa.org)

Call: (703) 739-0875

E-mail: [nhsamembership@nhsa.org](mailto:nhsamembership@nhsa.org)





NATIONAL HEAD START ASSOCIATION

# Program Membership

## MEMBER CATEGORY

### Program Membership

#### Program Membership includes:

1. Advocacy — NHSA brings the voice of the Head Start community to Congress and the Administration in support of low-income children and families.
2. Eligibility for NHSA scholarships and awards.
3. Discounts on NHSA training, conferences, and product purchases.
4. Access to all resources in the “Members Only” section of [www.nhsa.org](http://www.nhsa.org).
5. A subscription to *Exchange Magazine & Exchange Everyday*.
6. A subscription to *NHSA Dialog* and *Dialog Briefs*.  
(See *Member Benefits* on page 6 for more details.)

## Program

### Budget Range

### Dues

(Please check the category that applies to your program.)

- Under \$1 Million.....  \$400
- \$1-3 Million.....  \$800
- \$3-6 Million.....  \$1,200
- \$6-10 Million.....  \$2,000
- \$10-15 Million.....  \$2,500
- \$15-25 Million.....  \$3,000
- \$25-40 Million.....  \$3,500
- \$40-60 Million.....  \$4,000
- Over \$60 Million.....  \$4,500

Please provide a roster of program staff members, with staff title, contact number, and e-mail address. Staff roster information **MUST BE INCLUDED WITH PAYMENT** for membership materials.

### Program-Wide Parent Membership:

# of program parents: \_\_\_\_\_ x \$5 each = \_\_\_\_\_

(Parents receive access to Exchange Everyday and the “Members Only” section of NHSA’s Web site.)

Please provide a roster of parent names, mailing addresses, and e-mail address. Parent information **MUST BE INCLUDED WITH PAYMENT** for membership materials.

**Total Membership Dues: \$** \_\_\_\_\_

Membership period is July 1 - June 30. Any membership dues processed in mid-cycle will only receive the remaining months left in the membership term.

## MEMBER INFORMATION

Director’s Name \_\_\_\_\_

Organization’s Name \_\_\_\_\_

Program Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Director’s E-mail (Required for Online Mailings) \_\_\_\_\_

## PAYMENT INFORMATION

Please see “Member Category” section for payment amount.

**Total Amount Enclosed \$** \_\_\_\_\_

Check # \_\_\_\_\_

Credit Card Type:  AmEx  MC  VISA

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Please mail membership payment to:

NHSA, P.O. Box 890080, Charlotte, NC 28289-0080

Credit card payments may be faxed along with this form to NHSA’s fiscal department at (703) 548-8305.

**Please note:** In order to avoid duplicate payment, please submit this form only once (i.e., do not both fax and mail membership form).

### For Additional Information...

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Call: (703) 739-0875

E-mail: [nhsamembership@nhsa.org](mailto:nhsamembership@nhsa.org)



NATIONAL HEAD START ASSOCIATION

## Administrator of the Year Award — Head Start Program Director

### Award

The recipient of the Administrator of the Year Award will receive an award certificate and \$500.

### AWARD CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page **5**.

1. The nominee must serve as the Head Start program director.
2. The nominee must be a program employee for at least three years.
3. The local program must be a current member of NHSA or the nominee must be a current individual NHSA member.
4. The nominee must have at least a bachelor's degree. Proof of bachelor's degree must be provided.
5. The nominee must submit three letters of reference.

#### LETTERS OF REFERENCE (10 points)

Include a letter of reference from each of three people who know you as a supervisor, personally, and as a member of or volunteer in the community. Judges will rate the overall effectiveness of the letters. However, applications that do not include all three references will not be considered for this award.

6. The nominee must submit responses for each of the following categories, in their entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

- a. *Length of service in the program:* What year did you start? What positions have you held? (10 points)
  - b. *Training, qualifications, and credentials:* At what level did you begin? What training, appropriate to your position, have you acquired? What credentials and qualifications do you possess? (15 points)
  - c. *Mobilization of resources and collaboration:* List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program. (15 points)
  - d. *Quality and provision of services:* Describe activities in your Head Start program or community that are unique and meet or surpass the Program Performance Standards. (20 points)
  - e. *Special contributions:* Describe in 500 words or less (no more than two typewritten, double-spaced pages) any special contributions you have made to the program that have had a positive impact on services to the total program. Please be very specific. (30 points)
7. A "head shot" photograph of the nominee and a brief biographical sketch (no more than 150 words) that summarizes the nominee's length of service, training, qualifications and credentials, mobilization of resources, quality and provision of services and special contributions. The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHSA Head Start Annual Conference Program Book.



For Administrative Use Only

\_\_\_\_\_ Local Program Director: Initial before submitting to the state association.

\_\_\_\_\_ State Association President: Initial before submitting to the regional association.

# Administrator of the Year Award — Head Start Program Director Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_ Nominee's Social Security # \_\_\_\_\_ NHTSA Membership # \_\_\_\_\_

Nominee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Program's Web Site \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses
- Proof of bachelor's degree
- Three letters of reference

**Reminder:** Biographical information and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

### Application Process at a Glance

- Step 1: Nominee** Submit all items listed above to your local Head Start center.
- Step 2: Local Program** Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).
- Step 3: State Association** Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).
- Step 4: Regional Association** Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NHTSA (see page 4 for more details on the process guidelines for regional associations).



NATIONAL HEAD START ASSOCIATION

## Ann Phipps Memorial Scholarship for Head Start Parents

Ann Phipps, a Head Start director from Akron, Ohio, made considerable contributions to her local Head Start program. She was the 1978 national conference chairperson of NHTA's fifth Annual Training Conference in Cleveland, Ohio, when her untimely death occurred. The association established two \$1,500 scholarships that were first awarded by NHTA in 1979.

### SCHOLARSHIP

The recipient of the Ann Phipps Memorial Scholarship will receive \$1,500 to be applied to an institution of higher learning.

### SCHOLARSHIP CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page

1. The nominee must be a Head Start parent during the 2009-2010 program year.
2. The nominee must be a current individual member of NHTA.
3. The nominee must submit proof of acceptance or enrollment in an institution of higher learning.
4. The nominee must submit three letters of reference.

#### LETTERS OF REFERENCE (30 points)

Include three letters of reference from people who can verify your work, volunteer service, and/or career activities. Letters will be judged by specific information and rated on their overall effectiveness. The letters should be no more than one typewritten page each. Applications that do not include all three references will not be considered for this award.

5. The nominee must submit responses for each of the following categories in their entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

- a. *Special contributions*: Describe in 300 words or less (no more than one typewritten, double-spaced page) services contributed by the parent, accomplishments of the parent, and/or activities related to the continuous personal and career development of the parent. Include any Head Start positions held by the parent. (30 points)
  - b. *Personal goals*: The applicant should write a statement of personal goals no more than 200 words in length. (40 points)
6. A "head shot" photograph of the nominee and a brief bio (no more than 150 words) that summarizes the nominee's volunteer contributions, challenges overcome to move toward self-sufficiency, steps toward career advancement, and goals.

The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHTA Head Start Annual Conference Program Book.



For Administrative Use Only

Local Program Director: Initial before submitting to the state association.

State Association President: Initial before submitting to the regional association.

# Ann Phipps Memorial Scholarship for Head Start Parents Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_ Nominee's Social Security # \_\_\_\_\_ NNSA Membership # \_\_\_\_\_

Institution of Higher Education the Nominee is Enrolled in or has Been Accepted to (Check will be made payable to this institution) \_\_\_\_\_

Field of Study \_\_\_\_\_

Nominee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Program's Web Site \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses
- Proof of bachelor's degree
- Three letters of reference

**Reminder:** Biographical information and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

### Application Process at a Glance

- Step 1: Nominee** Submit all items listed above to your local Head Start center.
- Step 2: Local Program** Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).
- Step 3: State Association** Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).
- Step 4: Regional Association** Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NNSA (see page 4 for more details on the process guidelines for regional associations).



NATIONAL HEAD START ASSOCIATION

## The Curtis Pride Scholarship for the Hearing Impaired

The mission of the Together With Pride Foundation Inc. is to support and create programs for hearing impaired children that focus on the importance of education and the learning of life skills along with promoting positive self-esteem. Together With Pride encourages children with hearing impairments to take pride in their abilities and to achieve their goals.

Curtis Pride became the first deaf player to play in the major leagues in more than 50 years when he made his major league debut with the Montreal Expos in 1993. Born deaf, Curt became a three-sport athlete in high school, graduated with honors, then attended the College of William and Mary in Williamsburg, Virginia, on a basketball scholarship. Upon graduation from William and Mary in 1990 with a degree in finance, he became a full-time baseball player. Since his major league debut in 1993, Curt has played in the majors with the Detroit Tigers, Boston Red Sox, and Atlanta Braves. This scholarship is his way of repaying his debt to society for all the support he received while dealing with his disability.

### SCHOLARSHIP

The winner of the Curtis Pride Scholarship will receive an award certificate and \$1,000 to be applied to an institution of higher learning.

### SCHOLARSHIP CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page 3

1. The nominee must be a student with a hearing impairment.
2. The nominee must be a current individual member of NHSA.
3. The nominee must submit proof of acceptance or enrollment in an institution of higher learning.
4. The nominee must submit three letters of reference.

#### LETTERS OF REFERENCE (30 points)

Include three letters of reference from people who can verify your work, volunteer service, and/or career activities. Letters will be judged by specific information and rated on their overall effectiveness. The letters should be no more than one typewritten page each. Applications that do not include all three references will not be considered for this award.

5. The nominee must submit responses for each of the following categories in their entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

- a. *Statement of financial need*: Describe how this scholarship will enable you to be successful in your chosen degree program. (30 points)
  - b. *Statement of goals*: Describe in 300 words or less (no more than one typewritten, double-spaced page) the goals/aspirations you have for furthering your education and the role Head Start has played in your education. (40 points)
6. A "head shot" photograph of the nominee and a brief bio (no more than 150 words) that summarizes the nominee's volunteer contributions, challenges overcome to move toward self-sufficiency, steps toward career advancement, and goals.

The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHSA Head Start Annual Conference Program Book.



For Administrative Use Only

Local Program Director: Initial before submitting to the state association.

State Association President: Initial before submitting to the regional association.

The Curtis Pride Scholarship for the Hearing Impaired Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_ Nominee's Social Security # \_\_\_\_\_ NNSA Membership # \_\_\_\_\_

Institution of Higher Education the Nominee is Enrolled in or has Been Accepted to (Check will be made payable to this institution) \_\_\_\_\_

Field of Study \_\_\_\_\_

Nominee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Program's Web Site \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
Category responses
Proof of bachelor's degree
Three letters of reference

Reminder: Biographical information and photo must be e-mailed to cwallingtonkinlock@nhsa.org by January 21, 2011.

Application Process at a Glance

- Step 1: Nominee: Submit all items listed above to your local Head Start center.
Step 2: Local Program: Select a panel to review local nominees, and then submit winning applications to your state association...
Step 3: State Association: Select a panel to review applications sent by local programs, and then submit winning applications to your regional association...
Step 4: Regional Association: Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form...



NATIONAL HEAD START ASSOCIATION

## Father of the Year Award

Per Scholas is a non-profit organization whose mission is to provide low-cost computers to families through grants and donations from major corporations. Per Scholas and the Head Start Fatherhood/Male Initiative Program have teamed up in various cities to encourage families to further prepare their young ones for school by obtaining a home computer. [www.perscholas.org](http://www.perscholas.org).

### AWARD

The recipient of the Father of the Year award will receive \$500 and an award certificate.

### AWARD CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page 3

1. Nominee must be the father of a child or children in Head Start during the 2009-2010 program year. The Program Performance Standards 1306.3(h) definition of a father will be adhered to.
2. Nominee must model increased educational involvement and personal responsibility in the lives of his own children as well as improved personal development resulting from his Head Start experience.
3. The local program must be a current member of NHSA, or the nominee must be a current individual member of NHSA.
4. The nominee must submit three letters of reference.

#### LETTERS OF REFERENCE (10 points)

Include three letters of reference from people who know you as a Head Start volunteer/employee and/or fatherhood program participant. The third letter may be from someone who knows you personally. Letters will be judged by specific information and rated on their overall effectiveness. The letters should be no more than one typewritten page each. Applications that do not include all three references will not be considered for this award.

5. The nominee must submit responses for each of the following categories in their entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

- a. *Volunteering*: Describe the ways you volunteered or worked in a Head Start program. (20 points)
  - b. *Participation*: Describe the Head Start activities in which you participated with your child or children. (20 points)
  - c. *Development*: Describe how the fatherhood program has helped you develop personally. (30 points)
  - d. *Personal statement*: Describe in 300 words or less (no more than one typewritten, double-spaced page) why you should be selected as the Head Start Father of the Year. Please be very specific. (20 points)
6. A "head shot" photograph of the nominee and a brief bio (no more than 150 words) that summarizes the nominee's volunteer contributions, challenges overcome to move toward self-sufficiency, steps toward career advancement, and goals.

The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHSA Head Start Annual Conference Program Book.





For Administrative Use Only

\_\_\_\_\_ Local Program Director: Initial before submitting to the state association.

\_\_\_\_\_ State Association President: Initial before submitting to the regional association.

## Father of the Year Award Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_ Nominee's Social Security # \_\_\_\_\_ NHTA Membership # \_\_\_\_\_

Nominee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Program's Web Site \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses
- Three letters of reference

**Reminder:** Biographical information and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

### Application Process at a Glance

- Step 1: Nominee** Submit all items listed above to your local Head Start center.
- Step 2: Local Program** Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).
- Step 3: State Association** Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).
- Step 4: Regional Association** Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NHTA (see page 4 for more details on the process guidelines for regional associations).



NATIONAL HEAD START ASSOCIATION

## Helen Hollingshed Taylor Memorial Scholarship

Helen Taylor served as associate commissioner of the Head Start Bureau from 1994 until her death on October 3, 2000. She was the first practitioner from the field to hold that position. As associate commissioner, she was responsible for many historic and beneficial changes for the Head Start program, including revising the Program Performance Standards and the training and technical assistance system. Helen led the way with the Early Head Start program and was responsible for the first performance standards for children under age 3. She revitalized Head Start's research agenda, introduced a new monitoring system, and started the Head Start Fellows Program.

Helen placed a high priority on community partnerships and promoted the idea of Head Start and child care working together as a means to expand full-day, full-year services for children of parents in school, training, or employed. She was nationally recognized as a powerful advocate for children and an extraordinary leader. This award was created in Helen's honor.

### SCHOLARSHIP

The winner may draw up to \$3,000, over the course of three years. These funds may be applied to the documented cost of tuition and/or books for a graduate school or doctoral degree program.

### SCHOLARSHIP CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page 3.

1. The nominee must be a Head Start/Early Head Start director currently enrolled in an advanced degree program or preparing to pursue a master's or doctoral degree.
2. The local program must be a current member of NHTA or the nominee must be a current individual member of NHTA.
3. The nominee must be a program employee for at least five years and a Head Start director for at least three years.
4. The nominee must submit proof of enrollment or acceptance to a graduate school or a doctoral degree program that relates to early childhood and human services.
5. The nominee must submit three letters of reference.

#### LETTERS OF REFERENCE (10 points)

Include a letter of reference from each of three people who know you as a supervisor, personally, and as a member of or volunteer in the community. Judges will rate the overall effectiveness of the letters. However, applications that do not include all three references will not be considered for this award.

6. The nominee must submit responses for each of the following categories in their entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

- a. *Length of service in the program:* What year did you start? What positions have you held, and so on? (10 points)
- b. *Training, qualifications, and credentials:* At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess, and so on? (15 points)
- c. *Statement of financial need:* Describe how this scholarship will enable you to be successful in your chosen degree program. (15 points)
- d. *Program description:* Describe activities in your Head Start program or community that are unique and meet or surpass the Program Performance Standards. Please include the size of your program. (15 points)
- e. *Contribution to the program:* List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. (20 points)
- f. *Statement of goals:* Describe in 300 words or less (no more than one typewritten, double-spaced page) what personal goals you have set for yourself and how you intend to achieve them. (15 points)

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## Helen Hollingshed Taylor Memorial Scholarship con't

7. A “head shot” photograph of the nominee and a brief bio (no more than 150 words) that summarizes the nominee's volunteer contributions, challenges overcome to move toward self-sufficiency, steps toward career advancement, and goals.

The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHSA Head Start Annual Conference Program Book.



**For Administrative Use Only**

\_\_\_\_\_ **Local Program Director:** Initial before submitting to the state association.

\_\_\_\_\_ **State Association President:** Initial before submitting to the regional association.

# Helen Hollingshed Taylor Memorial Scholarship Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_ Nominee's Social Security # \_\_\_\_\_ NNSA Membership # \_\_\_\_\_

Institution of Higher Education the Nominee is Enrolled in or has Been Accepted to (Check will be made payable to this institution) \_\_\_\_\_

Field of Study \_\_\_\_\_

Nominee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Program's Web Site \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses
- Proof of bachelor's degree
- Three letters of reference

**Reminder:** Biographical information and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

### Application Process at a Glance

- Step 1: Nominee** Submit all items listed above to your local Head Start center.
- Step 2: Local Program** Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).
- Step 3: State Association** Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).
- Step 4: Regional Association** Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NNSA (see page 4 for more details on the process guidelines for regional associations).



NATIONAL HEAD START ASSOCIATION

## Humanitarian of the Year Award

This award was created to acknowledge extraordinary contributions in serving Head Start children, reaching families, and involving communities that resulted in positive change. It was first presented by NHSA in 1984.

### AWARD

The recipient of the Humanitarian of the Year Award will receive a specially designed plaque.

### AWARD CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page 3.

1. Nominee must be an individual or organization that made a voluntary contribution of time and effort, without regard to religious or ethnic affiliation, that has had a positive impact upon children, families, and/or communities.
2. The local program must be a current member of NHSA or the nominee must be an individual member of NHSA.
3. The contribution must have occurred within, or in preparation for, the 2009-2010 program year.
4. The nominee must submit responses for each of the following categories, in their entirety.
5. The nominee must submit responses for each of the following categories in their entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

- a. *Need*: Describe the situation before the contribution was made. (20 points)
  - b. *Activity*: Describe the nominee's activity that met this need. Include length of time this person has been involved in this activity and the scope of volunteer services provided. (30 points)
  - c. *Results*: Describe the positive results of the nominee's activities, who benefited, and how. (30 points)
  - d. *Enhancement*: Support this nomination with letters from interested individuals or organizations. If available, include news reports or other documentation about the contribution. (10 points)
  - e. *Biographical sketch*: Describe family, education, hobbies, interests, employment, and anything else you feel is appropriate and that gives a broad picture of the nominee, but especially those items relevant to the award. This should be no more than 300 words (one typewritten, double-spaced page). (5 points)
  - f. *Vantage*: Briefly describe the vantage point from which you observed the nominee's contribution. This should be no more than 300 words (one typewritten, double-spaced page). (5 points)
6. A "head shot" photograph of the nominee and a brief bio (no more than 150 words) that summarizes the nominee's volunteer contributions, challenges overcome to move toward self-sufficiency, steps toward career advancement, and goals.

The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHSA Head Start Annual Conference Program Book.



For Administrative Use Only

\_\_\_\_\_ Local Program Director: Initial before submitting to the state association.

\_\_\_\_\_ State Association President: Initial before submitting to the regional association.

# Humanitarian of the Year Award Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_ Nominee's Social Security # \_\_\_\_\_ NNSA Membership # \_\_\_\_\_

Nominee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Program's Web Site \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses

**Reminder:** Biographical information and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

### Application Process at a Glance

- Step 1: Nominee** Submit all items listed above to your local Head Start center.
- Step 2: Local Program** Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).
- Step 3: State Association** Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).
- Step 4: Regional Association** Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NNSA (see page 4 for more details on the process guidelines for regional associations).



NATIONAL HEAD START ASSOCIATION

## Margaret M. Coughlin Memorial Award Head Start Coordinator of Disability Services

The children of the late Margaret M. Coughlin established this scholarship, which highlights the importance of disability services for Head Start children and families, in her honor because of her dedication to improving services to disabled persons.

### AWARD

The recipient of the Margaret M. Coughlin Memorial Award will receive an award certificate and \$500.

### AWARD CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page 3.

1. The nominee must be a Head Start/Early Head Start Coordinator of Disability Services or in a combined position responsible for disability services.
2. The local program must be a current member of NHSA or the nominee must be a current individual member of NHSA.
3. The nominee must be a program employee for at least three years.
4. The nominee must submit proof of credentials beyond a high school diploma.
5. The nominee must submit three letters of reference.

#### LETTERS OF REFERENCE (10 points)

Include a letter of reference from each of three people who know you as a supervisor, personally, and as a member of or volunteer in the community. Judges will rate the overall effectiveness of the letters. However, applications that do not include all three references will not be considered for this award.

6. The nominee must submit responses for each of the following categories, in their entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

- a. *Length of service in program*: What year did you start? What positions have you held, and so on? (10 points)
  - b. *Training, qualifications, and credentials*: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess, and so on? (15 points)
  - c. *Mobilization of resources and collaboration*: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program. (15 points)
  - d. *Quality and provision of services*: Describe activities in your Head Start program or community that are unique and meet or surpass the Program Performance Standards. (20 points)
  - e. Describe in 300 words or less (no more than one typewritten, double-spaced page) any special contributions you have made to the program that have had a positive impact on services to the total program. Please be very specific. (30 points)
7. A "head shot" photograph of the nominee and a brief bio (no more than 150 words) that summarizes the nominee's volunteer contributions, challenges overcome to move toward self-sufficiency, steps toward career advancement, and goals.

The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHSA Head Start Annual Conference Program Book.



For Administrative Use Only

Local Program Director: Initial before submitting to the state association.

State Association President: Initial before submitting to the regional association.

# Margaret M. Coughlin Memorial Award Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_ Nominee's Social Security # \_\_\_\_\_ NNSA Membership # \_\_\_\_\_

Nominee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Program's Web Site \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses
- Proof of credentials beyond a high school diploma
- Three letters of reference

**Reminder:** Biographical information and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

## Application Process at a Glance

- Step 1: Nominee** Submit all items listed above to your local Head Start center.
- Step 2: Local Program** Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).
- Step 3: State Association** Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).
- Step 4: Regional Association** Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NNSA (see page 4 for more details on the process guidelines for regional associations).





NATIONAL HEAD START ASSOCIATION

## NHSA Corporate Award

The National Head Start Friends Association introduced this award as one of the transitional activities recommended for implementation by NHSA. The award was first presented by NHSA in 1992.

### AWARD

The recipient of the NHSA Corporate Award will receive a specially designed plaque.

### AWARD CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page 3.

1. Nominee must be a corporation that demonstrates commitment to the goals and objectives of Head Start and/or promotes special projects that benefit poor children and their families.
2. The local program must be a current member of NHSA or the nominee must be an individual member of NHSA.
3. The nominee must submit responses for the following category, in its entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

Special contributions: Please describe in 300 words or less (no more than one typewritten, double-spaced page) the special contribution(s) this company makes that impact Head Start programs, Head Start children and families, or poor children and families throughout the country. Be sure to describe how this company's contributions help fulfill the goals and objectives of Head Start outlined below. (100 points)

### HEAD START GOALS & OBJECTIVES

A goal of the Head Start program is to bring about a greater degree of social competence in children of low-income families. Social competence, in this regard, refers to the child's everyday effectiveness in dealing with the present environment and later responsibilities in school and life. It takes into account the interrelatedness of cognitive and intellectual development, physical and mental health, nutritional needs, and other factors that enable a developmental approach to helping every child achieve social competence. In order to accomplish this goal, Head Start objectives are...

- To improve every child's health and physical abilities, including appropriate steps to correct present physical and mental problems and to enhance every child's access to an adequate diet.
  - To improve every family's attitude toward future health care and physical abilities.
  - To encourage self-confidence, spontaneity, curiosity, and self-discipline to assist in the development of every child's social and emotional health.
  - To enhance every child's mental processes and skills with particular attention to conceptual and communication skills.
  - To establish patterns and expectations of success that will create a climate of confidence for present and future learning efforts and overall development.
  - To increase the ability of every child and family to relate to one another and to others.
  - To enhance the sense of dignity and self-worth within every child and family.
4. Provide a company logo or a "head shot" photograph of the company representative and a brief (no more than 150 words) summary of the corporation and its activities related to Head Start. The logo or photograph and the summary must be submitted by e-mail only. The logo or photo should be submitted as a high resolution jpeg, eps, tiff, or PDF. The summary should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHSA Head Start Annual Conference Program Book.



For Administrative Use Only

Local Program Director: Initial before submitting to the state association.

State Association President: Initial before submitting to the regional association.

# NHSA Corporate Award Application Form

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

Name of Corporation \_\_\_\_\_ Date \_\_\_\_\_

Contact Name & Title \_\_\_\_\_ NHSA Membership # \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Web Site \_\_\_\_\_

Corporate Headquarters' Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Corporation \_\_\_\_\_

Describe Products and/or Services \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Region \_\_\_\_\_ Head Start Director's Name \_\_\_\_\_

Local Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

## Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses

**Reminder:** The summary and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

## Application Process at a Glance

- Step 1: Nominee** Submit all items listed above to your local Head Start center.
- Step 2: Local Program** Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).
- Step 3: State Association** Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).
- Step 4: Regional Association** Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NHSA (see page 4 for more details on the process guidelines for regional associations).



NATIONAL HEAD START ASSOCIATION

## NHSA Leadership Award

The National Head Start Association initiated this award for outstanding leadership and presented the first award to Eugenia Boggus, Region III parent representative, in Washington, D.C., during the 7th Annual Parent Mini-Training Conference in 1991. Eugenia received this award for her dynamic leadership as president of the National Head Start Association. The award was part of the transition activities recommended by the Parents' Affiliate to be continued by the National Head Start Association. The NHSA Leadership Award is presented to any individual who is part of the Head Start family.

### AWARD

The recipient of the NHSA Leadership Award will receive a specially designed plaque.

### AWARD CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page 3.

1. nominee may be a staff member, parent, director, or friend of Head Start.
2. The nominee must demonstrate outstanding leadership qualities while working in some capacity with Head Start, either in the local program, various committees, or associations.
3. The local program must be a current member of NHSA or the nominee must be a current individual member of NHSA.
4. The nominee must submit responses for the following category, in its entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

Leadership qualities: Please describe in 500 words or less (no more than two typewritten, double-spaced pages) the nominee's leadership abilities. Include any unusual obstacles he or she may have encountered, special recognitions received, and any other relevant data to substantiate truly outstanding leadership. Information must be specific. Use examples when possible. (100 points)

5. Submit a "head shot" photograph of the nominee and a brief biographical sketch (no more than 150 words) that summarizes the nominee's outstanding leadership, special recognitions and/or any unusual obstacles he or she may have encountered. The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHSA Head Start Annual Conference Program Book.



For Administrative Use Only

Local Program Director: Initial before submitting to the state association.

State Association President: Initial before submitting to the regional association.

# NHSA Leadership Award Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Professional Title \_\_\_\_\_ Region \_\_\_\_\_ NHSA Membership # \_\_\_\_\_

Nominees's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Local Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Directors \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses

**Reminder:** Biographical information and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

### Application Process at a Glance

- Step 1: Nominee** Submit all items listed above to your local Head Start center.
- Step 2: Local Program** Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).
- Step 3: State Association** Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).
- Step 4: Regional Association** Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NHSA (see page 4 for more details on the process guidelines for regional associations).



NATIONAL HEAD START ASSOCIATION

## Phyllis J. Jones Memorial Scholarship for Head Start Graduates

Phyllis J. Jones served as the national conference chairperson for NHTSA's 1984 conference in Kansas City, Missouri, and as NHTSA president in 1986-1987. She was killed in an automobile accident in November 1989. Because of her tremendous contribution to NHTSA, two scholarships were created in her honor in 1990.

### SCHOLARSHIP

The recipient of the Phyllis J. Jones Memorial Scholarship will receive \$1,500 to be applied to an institution of higher learning.

### SCHOLARSHIP CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page 3.

1. The nominee must be a former student and graduate of Head Start.
2. The local program must be a current member of NHTSA, or the nominee must be a current individual member of NHTSA.
3. The nominee must submit proof of acceptance or enrollment in an institution of higher learning.
4. The nominee must submit three letters of reference.

#### LETTERS OF REFERENCE (30 points)

Include three letters of reference from people who know you. Letters will be judged by specific information and rated on their overall effectiveness. The letters should be no more than one typewritten page each.

Applications that do not include all three references will not be considered for this award.

5. The nominee must submit responses for each of the following categories, in their entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

- a. *Financial need*: Include a brief statement of your need for financial assistance. (30 points)
  - b. *Personal statement*: Discuss in 300 words or less (no more than one typewritten, double-spaced page) your goals and aspirations for furthering your education and the role Head Start has played in your education. Include the years that you attended Head Start. (40 points)
6. A "head shot" photograph of the nominee and a brief bio (no more than 150 words) that summarizes the nominee's volunteer contributions, challenges overcome to move toward self-sufficiency, steps toward career advancement, and goals.

The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHTSA Head Start Annual Conference Program Book.



For Administrative Use Only

Local Program Director: Initial before submitting to the state association.

State Association President: Initial before submitting to the regional association.

# Phyllis J. Jones Memorial Scholarship for Head Start Graduates Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_ Nominee's Social Security # \_\_\_\_\_ NNSA Membership # \_\_\_\_\_

Institution of Higher Education the Nominee is Enrolled in or has Been Accepted to (Check will be made payable to this institution) \_\_\_\_\_

Field of Study \_\_\_\_\_

Nominee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Program's Web Site \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses
- Proof of acceptance or enrollment in an institution of higher learning
- Three letters of reference

**Reminder:** Biographical information and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

### Application Process at a Glance

- Step 1: Nominee** Submit all items listed above to your local Head Start center.
- Step 2: Local Program** Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).
- Step 3: State Association** Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).
- Step 4: Regional Association** Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NNSA (see page 4 for more details on the process guidelines for regional associations).



NATIONAL HEAD START ASSOCIATION

## Dr. Scott Harkley Memorial Scholarship for Head Start Graduates Pursuing a Medical Career

This \$1,500 scholarship is being given as a memorial to Dr. Scott Daniel Harkley, son of Cecile Dickey, a former Head Start parent and retired executive director of Concerned Parents for Head Start in Paterson, New Jersey. Dr. Harkley earned a Bachelor of Science degree at Morris Brown College in Atlanta, Georgia, continued his graduate education in biochemistry at Georgia State University, and attended Morehouse School of Medicine where he earned a Doctor of Medicine degree. Dr. Harkley then pursued a residency in emergency medicine at Howard University Hospital in Washington, D.C.

Dr. Harkley died May 17, 1995 at age 37. He received numerous scholarships, awards, and honors during his short life. Out of love and respect for Cecile, an anonymous contributor is awarding the scholarship to a student pursuing a medical career.

### SCHOLARSHIP

One \$1,500 scholarship.

### SCHOLARSHIP CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page 3.

1. The nominee must be enrolled at an accredited college or university. The nominee must submit proof of enrollment.
2. The local program must be a current member of NHSA or the nominee must be a current individual member of NHSA.
3. The nominee must submit three letters of reference or recommendation.

#### LETTERS OF REFERENCE (20 points)

Letters will be judged by specific information and rated on their overall effectiveness. The letters should be no more than one typewritten page each. Applications that do not include all three references will not be considered for this award.

4. The nominee must submit responses for each of the following categories, in their entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

- a. *Financial need*: Include a brief statement of your need for financial assistance. (30 points)
  - b. *Personal statement*: Discuss in 300 words or less (no more than one typewritten, double-spaced page) your goals and aspirations for furthering your education and the role Head Start has played in your education. (40 points)
  - c. Completeness of information. (10 points)
5. A "head shot" photograph of the nominee and a brief bio (no more than 150 words) that summarizes the nominee's volunteer contributions, challenges overcome to move toward self-sufficiency, steps toward career advancement, and goals.

The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHSA Head Start Annual Conference Program Book.



For Administrative Use Only

Local Program Director: Initial before submitting to the state association.

State Association President: Initial before submitting to the regional association.

# Dr. Scott Harkley Memorial Scholarship for Head Start Graduates Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_ Nominee's Social Security # \_\_\_\_\_ NHTA Membership # \_\_\_\_\_

Institution of Higher Education the Nominee is Enrolled in or has Been Accepted to (Check will be made payable to this institution) \_\_\_\_\_

Field of Study \_\_\_\_\_

Nominee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Program's Web Site \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses
- Three letters of reference or recommendation
- Proof of enrollment in or acceptance at an institution of higher learning

**Reminder:** Biographical information and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

### Application Process at a Glance

- Step 1: Nominee** Submit all items listed above to your local Head Start center.
- Step 2: Local Program** Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).
- Step 3: State Association** Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).
- Step 4: Regional Association** Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NHTA (see page 4 for more details on the process guidelines for regional associations).





NATIONAL HEAD START ASSOCIATION

## Support Staff of the Year — Administrative Assistant/Secretary

### AWARD

The recipient of the Support Staff of the Year Award will receive an award certificate and \$500.

### AWARD CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page 3.

1. The nominee must work as an administrative assistant/secretary.
2. The local program must be a current member of NHSA or the nominee must be a current individual member of NHSA.
3. The nominee must be a program employee for at least three years.
4. The nominee must have and submit credentials beyond a high school diploma.
5. The nominee must submit three letters of reference.

#### LETTERS OF REFERENCE (15 points)

Include a letter of reference from each of three people who know you as a supervisor or supervisee, personally, and as a member of or volunteer in the community. Judges will rate the overall effectiveness of the letters. However, applications that do not include all three references will not be considered for this award.

6. The nominee must submit responses for each of the following categories, in their entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

- a. *Length of service in the program:* What year did you start? What positions have you held, and so on? (15 points)
  - b. *Training, qualifications, and credentials:* At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess? (20 points)
  - c. *Support services:* Describe activities in which you are engaged that demonstrate positive support for the overall Head Start program. (20 points)
  - d. *Special contributions:* Describe in 300 words or less (no more than one typewritten, double-spaced page) any special contributions you have made to the program that have had a positive impact on services to the total program. Please be very specific. (30 points)
7. A “head shot” photograph of the nominee and a brief bio (no more than 150 words) that summarizes the nominee's volunteer contributions, challenges overcome to move toward self-sufficiency, steps toward career advancement, and goals.

The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHSA Head Start Annual Conference Program Book.



For Administrative Use Only

Local Program Director: Initial before submitting to the state association.

State Association President: Initial before submitting to the regional association.

# Support Staff of the Year Award Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_ Nominee's Social Security # \_\_\_\_\_ NHTA Membership # \_\_\_\_\_

Nominee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Program's Web Site \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses
- Three letters of reference or recommendation
- Proof of credentials beyond a high school diploma

**Reminder:** Biographical information and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

### Application Process at a Glance

|                                     |  |
|-------------------------------------|--|
| <b>Step 1: Nominee</b>              | Submit all items listed above to your local Head Start center.   |
| <b>Step 2: Local Program</b>        | Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).  |
| <b>Step 3: State Association</b>    | Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).  |
| <b>Step 4: Regional Association</b> | Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NHTA (see page 4 for more details on the process guidelines for regional associations). |



NATIONAL HEAD START ASSOCIATION

## Staff of the Year — Family Community Partnership Professional with an Emphasis on Parent Involvement

### AWARD

The recipient of the Staff of the Year Award will receive a commemorative plaque and \$500.

### AWARD CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page 3.

1. The nominee must serve as a Family Community Partnership Professional with an emphasis on parent involvement.
2. The local program must be a current member of NHTSA or the nominee must be a current individual member of NHTSA.
3. The nominee must be a program employee for at least three years.
4. The nominee must have and submit credentials beyond a high school diploma.
5. The nominee must submit three letters of reference.

#### LETTERS OF REFERENCE (10 points)

Include a letter of reference from each of three people who know you as a supervisor or supervisee, personally, and as a member of or volunteer in the community. Judges will rate the overall effectiveness of the letters. However, applications that do not include all three references will not be considered for this award.

6. The nominee must submit responses for each of the following categories, in their entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

- a. *Length of service in the program*: What year did you start? What positions have you held, and so on? (10 points)
  - b. *Responsibilities*: A description of the nominee's responsibilities as a Family Community Partnership Professional with emphasis on Parent Involvement must be submitted.
  - c. *Training, qualifications, and credentials*: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess, and so on? (15 points)
  - d. *Mobilization of resources and collaboration*: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program. (15 points)
  - e. *Quality and provision of services*: Describe activities in your Head Start program or community that are unique and meet or surpass the Program Performance Standards. (20 points)
  - f. *Special contributions*: Describe in 500 words or less (no more than two typewritten, double-spaced pages) any special contributions you have made to the program that have had a positive impact on services to the total program. Please be very specific. (30 points)
7. A "head shot" photograph of the nominee and a brief bio (no more than 150 words) that summarizes the nominee's volunteer contributions, challenges overcome to move toward self-sufficiency, steps toward career advancement, and goals.

The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHTSA Head Start Annual Conference Program Book.



For Administrative Use Only

Local Program Director: Initial before submitting to the state association.

State Association President: Initial before submitting to the regional association.

## Staff of the Year Award — Family Community Partnership Professional with an Emphasis on Parent Involvement Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_ Nominee's Social Security # \_\_\_\_\_ NHTA Membership # \_\_\_\_\_

Nominee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Program's Web Site \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses
- Three letters of reference or recommendation
- Proof of credentials beyond a high school diploma

**Reminder:** Biographical information and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

### Application Process at a Glance

- |                                     |  |
|-------------------------------------|--|
| <b>Step 1: Nominee</b>              | Submit all items listed above to your local Head Start center.   |
| <b>Step 2: Local Program</b>        | Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).  |
| <b>Step 3: State Association</b>    | Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).  |
| <b>Step 4: Regional Association</b> | Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NHTA (see page 4 for more details on the process guidelines for regional associations). |



NATIONAL HEAD START ASSOCIATION

## Teacher of the Year Award

### AWARD

The recipient of the Teacher of the Year award will receive a commemorative plaque and \$1,000.

### AWARD CRITERIA

This application is due **January 21, 2011**. Failure to meet any of the rules, regulations, or the criteria below will result in automatic elimination. See complete rules and regulations on page 3.

1. The nominee must serve as a Head Start/Early Head Start home-based or center-based teacher.
2. The local program must be a current member of NHSA or the nominee must be a current individual member of NHSA.
3. The nominee must be a program employee for at least three years.
4. The nominee must have and submit credentials beyond a high school diploma.
5. The nominee must submit three letters of reference.

#### LETTERS OF REFERENCE (10 points)

Include a letter of reference from each of three people who know you as a supervisor or supervisee, personally, and as a member of or volunteer in the community. Judges will rate the overall effectiveness of the letters. However, applications that do not include all three references will not be considered for this award.

6. The nominee must submit responses for each of the following categories, in their entirety.

#### CATEGORIES

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

- a. *Length of service in the program*: What year did you start? What positions have you held, and so on? (10 points)
  - b. *Training, qualifications, and credentials*: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess? (15 points)
  - c. *Mobilization of resources and collaboration*: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program. (15 points)
  - d. *Quality and provision of services*: Describe activities in your Head Start program or community that are unique and meet or surpass the Program Performance Standards. (20 points)
  - e. *Special contributions*: Describe in 500 words or less (no more than two typewritten, double-spaced pages) any special contributions you have made to the program that have had a positive impact on services to the total program. Please be very specific. (30 points)
7. A “head shot” photograph of the nominee and a brief bio (no more than 150 words) that summarizes the nominee's volunteer contributions, challenges overcome to move toward self-sufficiency, steps toward career advancement, and goals.

The photograph and bio must be submitted by e-mail only. The photograph should be submitted as a high resolution jpeg, eps, tiff, or PDF. The bio should be submitted as a Word document only. The photograph and bio should be e-mailed to Carleen Wallington Kinlock at [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org). These items should be sent no later than **January 21, 2011**.

Should the nominee become the award winner, this information may appear in the NHSA Head Start Annual Conference Program Book.



For Administrative Use Only

Local Program Director: Initial before submitting to the state association.

State Association President: Initial before submitting to the regional association.

# Teacher of the Year Award Application Form

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

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Region \_\_\_\_\_ Nominee's Social Security # \_\_\_\_\_ NNSA Membership # \_\_\_\_\_

Nominee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Local Head Start Program \_\_\_\_\_

Program's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Head Start Director \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Program's Web Site \_\_\_\_\_

Name of Head Start Grantee (if different from local program) \_\_\_\_\_

Grantee's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Submission Checklist

Please check each box to confirm that all required materials are attached and send to your local Head Start center:

- Completed application form
- Category responses
- Three letters of reference or recommendation

**Reminder:** Biographical information and photo must be e-mailed to [cwallingtonkinlock@nhsa.org](mailto:cwallingtonkinlock@nhsa.org) by **January 21, 2011**.

### Application Process at a Glance

- Step 1: Nominee** Submit all items listed above to your local Head Start center.
- Step 2: Local Program** Select a panel to review local nominees, and then submit winning applications to your state association (see page 4 for more details on the process guidelines for local programs).
- Step 3: State Association** Select a panel to review applications sent by local programs, and then submit winning applications to your regional association (see page 4 for more details on the process guidelines for state associations).
- Step 4: Regional Association** Select a panel to review applications submitted by state associations, and then submit winning applications with a completed Regional Confirmation Form (on page 5) to NNSA (see page 4 for more details on the process guidelines for regional associations).