

REGION VI HEAD  
START  
ASSOCIATION

FRIEND OF HEAD  
START AWARD

HEAD START  
FRIEND OF AWARD

AWARD

One Friend of Head Start Award will be presented to an applicant from each of the five states. Award to be given to each recipient will include a plaque and a one hundred-dollar cash award (check or gift certificate).

QUALIFICATIONS

A person from a local community who has made significant contributions to a Head Start agency.

The contributions may be a single act with a lasting impact or continuous contributions or acts that have benefitted the families enrolled in the local Head Start program.

(Persons receiving a pay check from a Head Start Agency are ineligible)

CHECKLIST

1. Application must be completed and must be typed e Region VI Head Start Association Certification Form (Page 23) \_\_\_\_\_
  - Must have three letters of recommendation e  
Local Head Start Director • Personal letter  
e Community letter
2. A paragraph of three hundred words or less describing \_\_\_\_\_services provided to local program
3. Documents, pictures, newspaper articles, etc., describing \_\_\_\_\_or highlighting contributions or services to local Head Start Program

<u>RATING CRITERIA POINTS</u>	<u>MAX. POINTS</u>	<u>TOTAL</u>
● Application must be completed and must be typed	10	
● A paragraph of three hundred words or less describing services provided to local program	50	
● Documents, pictures, newspaper articles, etc., describing or highlighting contributions or services to local Head Start Program	20	
● A paragraph of three hundred words or less discussing what impact the services or donations had on the delivery of high quality services for families	20	

HEAD START

● Total Points

100

All information must be typed

- 4. A paragraph of three hundred words or less discussing \_\_\_\_\_ what impact the services or donations had on the delivery of high quality services for families

20

FRIEND OF AWARD APPLICATION (PLEASE  
TYPE)

NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE:

FAX:

OCCUPATION:

EMAIL:

NAME OF HEAD START PROGRAM WHERE SERVICE IS PROVIDED:

DESCRIPTION OF SERVICE:

HEAD START

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YEARS ASSOCIATED WITH HEAD START AGENCY:

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NAME OF HEAD START DIRECTOR:

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SIGNATURE:

DATE:

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REGION VI ASSOCIATION  
STATE AWARD/SCHOLARSHIP COMMITTEE  
Committee Membership

Signature

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Recommendations for review by the State Award/Scholarship Committee to the Region VI  
Award/Scholarship Committee

HEAD START

Name of Candidate

Type of Award or Scholarship

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of State Meeting for reviewing the applications:

\_\_\_\_\_

Date submitted to Region VI Award Scholarship Committee:

\_\_\_\_\_

Date received by Region VI Award Scholarship Committee:

\_\_\_\_\_

It is understood that the state shall maintain complete sets of records of nomination application, selection process, minutes from committee meetings or conference calls, and any other information that may be reviewed to ascertain the fairness of a decision.

\*NOTE: This form must accompany applications from states. Photo copy as needed.

The State of \_\_\_\_\_ certifies that all applicants are eligible and local Head Start agency has met all necessary criteria.

SIGNATURE:DATE:

\_\_\_\_\_

REGION VI

ASSOCIATION CERTIFICATION FORM

DOLLAR PER CHILD CAMPAIGN

I hereby state that I have participated in the Dollar Per child Campaign.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Local Head Start Director's Signature

HEAD START

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STATE HEAD START ASSOCIATION

I hereby state that I am a member of the \_\_\_\_\_ Head Start Association (name of state)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Local Head Start Director's Signature

\_\_\_\_\_  
State Head Start Association President's Signature

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NATIONAL HEAD START ASSOCIATION

Note: This form must accompany all applications. Head Start Director refers to the Head Start Director at the grantee central office and not the center director.