

2021, 2022, 2023
AWARDS/SCHOLARSHIPS NOMINATIONS

RIVHSA
Celebrating
HEAD START *Heroes*



5.31.2020

Guidelines & Applications for RIVHSA Awards & Scholarships

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Section I – General Information

A. About the Process

Recognition and appreciation are fundamental human needs. People want to be respected and valued for their work or accomplishment. By honoring Head Start and Early Head Start employees, parents, alumni, volunteers and partners, we not only confirm the value of their work or the impact of their success but also motivate them to reach new heights. The Region IV Head Start Association's (RIVHSA) awards/scholarships program is a powerful vehicle for elevating excellence, engaging the community, and celebrating milestones.

RIVHSA's application process has distinct phases. Unlike other regions, RIVHSA's application process allows recipients to compete and be recognized at all phases of the process – local, state, regional, and national! At the conclusion of each phase, the most competitive applicants continue to the next level.

1. Local grantee submits to state affiliate;
2. State affiliate selects state recipients and forwards to regional affiliate;
3. RIVHSA selects regional recipients and forwards winners in national categories to NHSA; and
4. NHSA selects national recipients.

RIVHSA uses a panel of independent judges to score nominations. The final slate of recipients is reviewed and ratified by RIVHSA's Awards/Scholarships Committee and Board of Directors.

In Region IV, our grantee members have a total of **20** award and scholarship categories open for nominations. The National Head Start Association (NHSA) has **5** national categories which are also observed at the regional level by RIVHSA. In addition, RIVHSA offers **15** special categories exclusively for our regional grantees that are not recognized at the national level. Grantees and state affiliates must submit nominations as specified by each entity to be considered. The national and regional processes are outlined below.

B. Eligibility Period

All award applications must reflect services contributed during the current program/school year as of June 30. The chart below specifies the eligibility period for each award year.

| Award Year | School Year |
|------------|-----------------------|
| 2021 | July 2019 – June 2020 |
| 2022 | July 2020 – June 2021 |
| 2023 | July 2021 – June 2022 |

Celebrating Head Start Heroes

C. Nomination & Selection Calendar

| | |
|------------------------|---|
| March 15 | RIVHSA's region-specific awards and scholarships application booklet available @ www.rivhsa.org . |
| June 15 – July 29 | State affiliates accept nominations from local programs using the RIVHSA nomination forms. State affiliates review nominations received from local programs and make selection for state recipients. |
| July 29 | Deadline for state affiliates to send selected recipients to RIVHSA for national and region-specific categories. |
| July 16 – September 30 | RIVHSA reviews applications for completeness and assembles judging packets. RIVHSA assembles independent panel of judges. Judges review and score state nominations. |
| October 1-15 | RIVHSA's Awards/Scholarships Committee confers and ratifies slate of regional recipients at its 1 st quarter meeting. RIVHSA releases its slate of regional recipients to nominating grantees and state associations. |
| October 15-December 15 | RIVHSA compiles awards program using recipient and nominee information. |
| February | RIVHSA holds an award ceremony at its annual conference to recognize regional recipients. |
| April/May | NHSA holds an award ceremony at its annual conference to recognize national recipients. |

Section II - NATIONAL CATEGORIES [NATIONAL HEAD START ASSOCIATION]

A. General information

Local grantees interested in nominating applicants for the categories listed below must apply using RIVHSA nomination forms. RIVHSA is not responsible for any expenses incurred by organizations or individuals participating in this process. The National Head Start Association (NHSA) is the lead organization for these categories and determines the regional nomination and selection criteria for the categories listed below:

1. Edward Zigler Innovation Award
2. Sargent Shriver Excellence in Community Service Award
[Regionally known as the RIVHSA Billy J. McCain, Sr. Excellence in Community Service Award]
3. Aubrey Puckett Memorial Award
[Regionally known as the RIVHSA Dr. Arvern Moore Memorial Award]
4. Vanessa Rich Leadership Award
5. Ron Herndon Scholarship for Head Start Parents

B. Application Process

RIVHSA's application process for national categories has four distinct phases. Unlike other regions, RIVHSA's application process for national categories allows recipients to compete and be recognized at all phases of the process – local, state, regional, and national! At the conclusion of each phase, the most competitive applicants continue to the next level until a national recipient is selected as indicated below:

1. **LOCAL GRANTEE:** Grantees determine nominees from their agency for categories in accordance with NHSA guidelines, then submit nominations to their state affiliate using the national categories forms provided in this document. See additional grantee requirements below (Section II, Parts C and D). Grantees should contact their state affiliate for state-specific filing deadlines. Grantees are encouraged to recognize their nominees at the local level.
2. **STATE ASSOCIATION:** Affiliates establish their nomination and selection process in accordance with RIVHSA timelines and guidelines. Affiliates must forward their state nominees by postal mail only to RIVHSA by **July 29** for the selection of regional recipients. See additional affiliate requirements below (Section II, Parts C and D). Affiliates are encouraged to recognize their nominees at the state level.
3. **REGIONAL ASSOCIATION:** RIVHSA's panel of independent judges review and score state affiliate nominations. RIVHSA's Awards/Scholarships Committee confers and ratifies regional recipients at its 1st quarter meeting in October. RIVHSA notifies grantees and state associations of its slate of regional recipients. RIVHSA recognizes regional recipients during an awards ceremony held in conjunction with its annual conference.
4. **NATIONAL ASSOCIATION:** NHSA's panel of independent judges review and score nominations. NHSA notifies recipients and nominating entities of its slate of national recipients. NHSA recognizes national recipients during an awards ceremony held in conjunction with its annual conference.

Guidelines & Applications for RIVHSA Awards & Scholarships

C. General Rules for National Categories

1. Applications must reflect services contributed during the specified program year.
2. Applicant must be associated with a grantee that is a current member of NHTSA.
3. Applicant must be associated with a grantee that is a current member of RIVHSA.
4. Applicant must be associated with a grantee that is a current member of its state association.
5. Applicant may not be nominated for more than one national category per year.
6. Recipients must be able to provide a Social Security number and other required information to redeem cash awards.
7. Applicant must be willing to allow NHTSA to publicize their nomination through a variety of media channels including publications, social media, and websites.
8. Nominees will be contacted primarily by e-mail.
9. NHTSA scholarship and award winners serve as models and ambassadors for the Head Start Community. During their year, winners will be encouraged to share successful strategies with others during NHTSA conferences, institutes and gatherings.
10. NHTSA board members, staff, and family members are ineligible.

D. Grantee Roles & Responsibilities

When nominating candidates for an award or scholarship, local grantees must:

1. Be a member in good standing with RIVHSA
2. Be a member in good standing with their respective state association
3. Contact their state association for state deadlines to submit nominations. (See directory of state associations on page 5).
4. Submit complete applications on the correct form. Incomplete applications or incorrect forms will not be considered.
5. Assume responsibility for all expenses related to the application process or the attendance of recipients or nominees at the awards ceremony (i.e. entrance ticket, lodging, per diem, transportation). RIVHSA is not responsible for any expenses incurred by organizations or individuals.
6. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

E. State Affiliate Roles & Responsibilities

When nominating candidates for an award or scholarship, state affiliates must:

1. Be a member in good standing with RIVHSA.
2. Have a formalized nomination and selection process. State Presidents are asked to designate a representative for the selection of awards/scholarships recipients to ensure that all nominations are processed and submitted in a timely manner for competition at the regional level.
3. Submit complete applications on correct forms. Incomplete applications or those submitted on incorrect forms will not be considered at the regional level.
4. Follow submission instructions:
 - a. RIVHSA must receive state nominations by **July 29**.
 - b. Include a completed State Confirmation Form. RIVHSA will not accept nominations without a completed form.
 - c. Include the original and 3 complete copies for each nomination. DO NOT STAPLE documents. Documents may be bound by paper or binder clips.
 - d. Send by postal mail only to:

RIVHSA

ATTN: Awards/Scholarships Committee

Post Office Box 1049, Snellville, GA 30078

5. Share the regional list of recipients with all state nominees to include non-winners once notified by RIVHSA.
6. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by January 5 for inclusion in the awards ceremony program.

Section III - RIVHSA: REGION-SPECIFIC CATEGORIES FOR REGION IV GRANTEES ONLY

F. General information

RIVHSA offers several regional categories which are not recognized at the national level, therefore, state nominees submitted to RIVHSA will compete at the regional level only for these categories. Local grantees interested in nominating applicants for the categories listed below must apply using RIVHSA nomination forms. RIVHSA is not responsible for any expenses incurred by organizations or individuals participating in this process. RIVHSA is the lead organization for these categories and determines the regional nomination and selection criteria for the categories listed below:

1. Administrator of the Year Award
2. Teacher of the Year Award
3. Support Staff of the Year Award
4. Beating the Odds Award
5. Parent of the Year Award
6. Staff of the Year Award
7. Achievement Award for Disabilities Services Coordinator
8. Oral Health Award
9. Humanitarian of the Year Award
10. Corporate Award
11. Father of the Year Award
12. Scholarship for the Hearing Impaired
13. Scholarship - Head Start Staff, Higher Education
14. Scholarship - Head Start Alumni, High School Senior
15. Scholarship - Head Start Parent, Post-Secondary Education

G. Application Process

RIVHSA's application process has three distinct phases. RIVHSA's application process for regional categories allows recipients to compete and be recognized at all phases of the process – local, state, and regional! At the conclusion of each phase, the most competitive applicants continue to the next level until a regional recipient is selected as indicated below:

1. **LOCAL GRANTEE:** Grantees determine nominees from their agency for categories in accordance with NHTSA guidelines, then submit nominations to their state affiliate using the national categories forms provided in this document. See additional grantee requirements below (Section II, Parts C and D). Grantees should contact their state affiliate for state-specific filing deadlines. Grantees are encouraged to recognize their nominees at the local level.
2. **STATE ASSOCIATION:** Affiliates establish their nomination and selection process in accordance with RIVHSA timelines and guidelines. Affiliates must forward their state nominees by postal mail only to RIVHSA by **July 29** for the selection of regional recipients. See additional affiliate requirements below (Section II, Parts C and D). Affiliates are encouraged to recognize their nominees at the state level.
3. **REGIONAL ASSOCIATION:** RIVHSA's panel of independent judges review and score state affiliate nominations. RIVHSA's Awards/Scholarships Committee confers and ratifies regional recipients at its 1st quarter meeting in October. RIVHSA notifies grantees and state associations of its slate of regional recipients. RIVHSA recognizes regional recipients during an awards ceremony held in conjunction with its annual conference.

H. General Rules for Region-Specific Categories

1. All scholarship and award applications must reflect services contributed during the specified program year.
2. In order to be considered for regional categories, grantees and state affiliates must be current RIVHSA members. Membership status will be verified by RIVHSA; non-member applications will not be considered.
3. Applicant may not be nominated for more than one regional category per year.
4. Nominations submitted without the required documentation will not be considered.
5. RIVHSA must receive state nominations by postal mail only by **July 29**.
6. All criteria for an award or scholarship must be met. Incomplete applications will not be considered. RIVHSA will review all applications for completeness in accordance with NHTSA guidelines and deadlines.
7. Individuals selected for an award or scholarship must be able to provide a Social Security number and other required information to redeem cash awards.
8. Applicant must be willing to allow RIVHSA to publicize their nomination through a variety of media channels including publications, social media, and websites.
9. Scholarship and award recipients are invited to attend the awards ceremony which will be held during RIVHSA's Annual Training Conference & Expo each February. RIVHSA is not responsible for housing, transportation, or other expenses associated with attending the awards ceremony.
10. State affiliates and nominating grantees will be contacted primarily by e-mail.
11. RIVHSA Scholarship and Award recipients serve as models and ambassadors for the Head Start community. During their year, winners will be encouraged to share successful strategies with others during RIVHSA conferences, institutes and gatherings.

Guidelines & Applications for RIVHSA Awards & Scholarships

I. Grantee Roles & Responsibilities

When nominating candidates for an award or scholarship, local grantees must:

1. Be a member in good standing with RIVHSA
2. Be a member in good standing with their respective state association
3. Contact their state association for state deadlines to submit nominations. (See directory of state associations on [page 7](#)).
4. Submit complete applications on the correct form. Incomplete applications or incorrect forms will not be considered.
5. Assume responsibility for all expenses related to the application process or the attendance of recipients or nominees at the awards ceremony (i.e. entrance ticket, lodging, per diem, transportation). RIVHSA is not responsible for any expenses incurred by organizations or individuals.
6. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by January 5 for inclusion in the awards ceremony program.

J. State Affiliate Roles & Responsibilities

When nominating candidates for an award or scholarship, state affiliates must:

1. Be a member in good standing with RIVHSA.
2. Have a formalized nomination and selection process. State Presidents are asked to designate a representative for the selection of awards/scholarships recipients to ensure that all nominations are processed and submitted in a timely manner for competition at the regional level.
3. Submit complete applications on correct forms. Incomplete applications or those submitted on incorrect forms will not be considered at the regional level.
4. Follow submission instructions:
 - a. RIVHSA must receive state nominations by **July 29**.
 - b. Include a completed State Confirmation Form. RIVHSA will not accept nominations without a completed form.
 - c. Include the original and 3 complete copies for each nomination. DO NOT STAPLE documents. Documents may be bound by paper or binder clips.
 - d. Send by postal mail only to:

RIVHSA

ATTN: Awards/Scholarships Committee

Post Office Box 1049, Snellville, GA 30078

5. Share the regional list of recipients with all state nominees to include non-winners once notified by RIVHSA.
6. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by January 5 for inclusion in the awards ceremony program.

K. Focus Area Awards: Administrator of the Year, Staff of the Year, and Support Staff of the Year

The focus area rotates on an annual basis for these awards. RIVHSA determines the focus area for the award category. The schedule is as follows:

| Cycle Year | Administrator of the Year | Staff of the Year | Support Staff of the Year |
|------------|--|--|---------------------------|
| 2021 | Head Start and/or Early Head Start Center Director | Early Childhood Development/Health: Nutrition Emphasis | Transportation Services |
| 2022 | Assistant/Deputy HS-EHS Director | Parent/Family/Community Engagement | Administrative Support |
| 2023 | Head Start and/or Early Head Start Director | Early Childhood Development/Health: Mental Health Emphasis | Classroom Support |
| 2024 | Grantee Executive Director | Early Childhood Development/Health: Early Care & Learning Emphasis | Facility Services |

SECTION IV - OTHER IMPORTANT REGIONAL INFORMATION

A. Scholarship Recipients

RIVHSA scholarship recipients must present proof of acceptance or enrollment at an institution of higher learning, current class schedule, and possess a 2.5 cumulative GPA to receive their one-time monetary award. A runner-up is selected for each scholarship in the event that the recipient is determined ineligible or fails to comply with verification guidelines. RIVHSA will award scholarship recipients as follows upon verification of eligibility:

1. Ron Herndon Scholarship for Head Start Parents: \$500 one-time scholarship award.
2. Scholarship for the Hearing Impaired: \$500 one-time scholarship award.
3. Scholarship - Head Start Staff, Higher Education: \$1,000 one-time scholarship award.
4. Scholarship - Head Start Alumni, High School Senior: \$1,500 one-time scholarship award.
5. Scholarship - Head Start Parent, Post-Secondary Education: \$500 one-time scholarship award.

B. Awards Gala

RIVHSA celebrates the contribution and achievement of regional award and scholarship recipients at our annual event. This event is held in conjunction with our annual conference and detailed gala information is in the annual conference brochure which is available at www.rivhsa.org.

Admission to the gala is included in conference registration. Event tickets are available for those wishing to attend the gala only. Advance ticket purchase is required. The designated attire for this event is semi-formal to formal. RIVHSA is not responsible for expenses related to event attendance by regional nominees or recipients.

Guidelines & Applications for RIVHSA Awards & Scholarships

State Confirmation Form

State associations must complete this form and attach it to applications submitted to RIVHSA. Applications that arrive without a completed State Confirmation Form will not be accepted.

| | | | | | | | | | |
|-----------------|--|-------------------|---|-------|--|--|----------|--|--|
| Date | | State Association | Circle One: AL FL GA KY MS NC SC TN | | | | | | |
| State President | | | | | | | | | |
| Mailing Address | | | | | | | | | |
| City | | | | State | | | Zip Code | | |
| Telephone | | | | Fax | | | | | |
| E-mail | | | | | | | | | |

- Please check the boxes for each RIVHSA award/scholarship application being submitted by your state.
- RIVHSA must receive all nominations by **July 29**.
- For each nominee, enclose the original application packet and 3 complete copies by postal mail only to the address below:

RIVHSA
 ATTN: Awards/Scholarships Committee
 Post Office Box 1049, Snellville, GA 30078

| NATIONAL CATEGORIES | |
|---------------------|---|
| | 1. Edward Zigler Innovation Award |
| | 2. Sargent Shriver Excellence in Community Service Award <i>Regionally known as the Billy J. McCain, Sr. Excellence in Community Service Award</i> |
| | 3. Aubrey Puckett Memorial Award <i>Regionally known as the Dr. Arvern Moore Memorial Award</i> |
| | 4. Vanessa Rich Leadership Award |
| | 5. Ron Herndon Scholarship for Head Start Parents |
| REGIONAL CATEGORIES | |
| | 1. Administrator of the Year Award |
| | 2. Teacher of the Year Award |
| | 3. Staff of the Year |
| | 4. Support Staff of the Year Award |
| | 5. Achievement Award – Disability Services Coordinator |
| | 6. Oral Health Award |
| | 7. Beating the Odds Award |
| | 8. Parent of the Year Award |
| | 9. Father of the Year Award |
| | 10. Humanitarian of the Year Award |
| | 11. Corporate Award |
| | 12. Scholarship for the Hearing Impaired |
| | 13. Scholarship - Head Start Staff, Higher Education |
| | 14. Scholarship - Head Start Alumni, High School Senior |
| | 15. Scholarship - Head Start Parent, Post-Secondary Education |

This confirms that the _____ Head Start Association is submitting the RIVHSA award and scholarship applications as indicated above. The applicants meet the award criteria and nominating programs are current RIVHSA members.

Signature of State President

Date

Directory of State Associations (February 28, 2020)

Alabama Head Start Association

PO Box 158, Hayneville, AL 36040
P|334.548.2145
www.alabamaheadstartassociation.org

Samita Jeter, President
samitajeter@lowndesboe.org

Florida Head Start Association

111 N. Gadsden Street, Tallahassee, FL 32303
P|850.694.6477
www.flheadstart.org

Kymerly Cook, President
kymberly.cook@chsfl.org

Wanda Minick, Executive Director
wanda@flheadstart.org

Georgia Head Start Association

815 Park North Boulevard, Clarkston, GA 30021
P|404.929.2457
www.georgiaheadstart.org

Tanya Thomas, Ph.D., President
tthomas@cpheadstart.org

Tevin Roberts, Executive Director
gaheadstartassociation@gmail.com

Kentucky Head Start Association

101 Burch Court, Frankfort, KY 40601-8353
P|502.607.0770
www.khsa.org

Kristy Smith Lewis, President
kristy.lewis@paducah.kyschools.us

John Mountjoy, Executive Director
jmountjoy@headstartky.org

Mississippi Head Start Association

921 North Congress Street, Jackson, MS 39202
P|601.969.6979
www.msheadstart.org

Eloise McClinton, MS, President
emccclinton@ics-hs.org

Nita Norphlet-Thompson, MS, Executive Director
nthomps@bellsouth.net

North Carolina Head Start Association

122 Ben Lee Road, Thomasville, NC 27360
P|336.905.3428
www.ncheadstart.org

Terry David, MSW, President
tdavid@durhamhs

Christy Jones, Manager
christy@new-frame.com

South Carolina Head Start Association

2700 Middleburg Drive, Ste 213, Columbia, SC 29204
P|803.771.9404
www.sc-headstart.org

Arthur Brewton, Ph.D., President
abrewton@pcasp.org

Jessica McMoore, Executive Director
jmccap@bellsouth.net

Tennessee Head Start Association

Post Office Box 769, South Pittsburg, TN 37380
P|423.413.3873
www.tnheadstart.info

Judy Graham, President
judygra423@aol.com

Karen Baxter, Executive Director
Kbaxter6785@charter.net

Guidelines & Applications for RIVHSA Awards & Scholarships

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION Edward Zigler Innovation Award

NHSA Description

Since Head Start's inception in 1965, Dr. Zigler has played a central role in the ongoing development of our program design. This award is to celebrate those local programs who have partnered to create high impact services to children and families. RIVHSA will present the recipient with a commemorative plaque and \$100 award.

NHSA Award-Specific Criteria

1. Nominee must be a Head Start/Early Head Start grantee, delegate or community partner that has demonstrated innovation in program design and/or service delivery.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

NHSA General Rules and Regulations:

1. Applications must reflect services contributed during the specified program year.
2. Applicant must be associated with a grantee that is a current member of NHSA, RIVHSA and its state association.
3. Applicant may not be nominated for more than one national category per year.
4. Recipients must be able to provide a Social Security number and other required information to redeem cash awards.
5. Applicant must be willing to allow NHSA to publicize their nomination through a variety of media channels.
6. Nominees will be contacted primarily by e-mail.
7. Recipients serve as models and ambassadors for the Head Start Community. During their year, winners will be encouraged to share successful strategies with others during NHSA conferences, institutes and gatherings.
8. NHSA board members, staff, and family members are ineligible.

APPLYING FOR THE AWARD

Questionnaire (80 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (20 points) Biographical Profile: A description of the primary and partner agency involved in the delivery of services (including key demographic information and history in the local community).
2. (30 points) Innovation Summary: A brief description of the innovation being nominated, the approach that was used, and the names of all partners.
3. (30 points) Outcomes/Impact Summary: A brief description of the outcomes or impact of the effort on vulnerable children and families that are unique and/or go beyond Head Start's performance standards.

Letters of Reference (20 points)

Include two letters of reference. Each letter must be from different organizational leaders who know the impact of the innovation first hand. Judges will rate the overall effectiveness of the letters. Applications not including two letters will not be considered.

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NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION
Edward Zigler Innovation Award

Be sure to complete the form below in its entirety. All fields are required. Please type or print clearly.

Nominee

| | | | |
|----------------------------|--|--------|----------|
| Nominee | | Date | |
| Mailing Address of Nominee | | | |
| City | | State | Zip Code |
| Telephone | | E-Mail | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | |
|---|--|-------|--|----------|
| Agency Name | | | | |
| Head Start or Early Head Start Director | | | | |
| Grantee Mailing Address | | | | |
| City | | State | | Zip Code |
| Telephone | | Fax | | |
| E-Mail | | | | |

Membership Information

| Category | Membership # |
|-----------------------------------|--------------|
| National Head Start Association | |
| Region IV Head Start Association | |
| Your State Head Start Association | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Biographical Profile
- Innovation Profile
- Outcomes/Impact Summary
- Letters of reference

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.
- **REGIONAL ASSOCIATION:** Submit regional recipients to NHTA for national competition by the filing deadline.

Guidelines & Applications for RIVHSA Awards & Scholarships

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION

Sargent Shriver Excellence in Community Service Award

Regionally known as the Billy J. McCain, Sr. Excellence in Community Service Award

NHSA Description

This award celebrates an individual's or organization's significant achievement through innovative community service to Head Start and Early Head Start. The nominee for this award should have excelled in addressing issues of poverty, early education, or community health. RIVHSA will present the recipient with a commemorative plaque and \$100 award.

RIVHSA Description: Billy J. McCain, Sr. Excellence in Community Service Award

Billy J. McCain, Sr. gave distinguished service as an advocate, officer and board member for numerous local, state, regional and national organizations. He served as President of the Region IV Head Start Association and, also held other leadership positions within the organization. RIVHSA acknowledges his contribution to the development and growth of the organization as well as his legacy as a Head Start and Community Action pioneer.

NHSA Award-Specific Criteria

1. Nominee must be an individual or organization that made an innovative contribution of time and effort that has had a positive impact upon children, families, and/or communities.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

NHSA General Rules and Regulations:

1. Applications must reflect services contributed during the specified program year.
2. Applicant must be associated with a grantee that is a current member of NHSA, RIVHSA and its state association.
3. Applicant may not be nominated for more than one national category per year.
4. Recipients must be able to provide a Social Security number and other required information to redeem cash awards.
5. Applicant must be willing to allow NHSA to publicize their nomination through a variety of media channels.
6. Nominees will be contacted primarily by e-mail.
7. Recipients serve as models and ambassadors for the Head Start Community. During their year, winners will be encouraged to share successful strategies with others during NHSA conferences, institutes and gatherings.
8. NHSA board members, staff, and family members are ineligible.

APPLYING FOR THE AWARD

Questionnaire (80 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (20 points) Biographical Profile: Provide brief demographic information and history of the local community where service was provided.
2. (30 points) Specific Contribution Summary: Description of the specific contribution(s) being nominated, the approach that was used, and names of key leaders involved.
3. (30 points) Outcomes/Impact Summary: A brief description of the outcomes or impact of the effort on vulnerable children and families that are unique and/or go beyond Head Start's performance standards (including number of community service hours or in-kind contributions resulting from nominee's actions).

Letters of Reference (20 points)

Include two letters of reference. Each letter must be from different organizational leaders who know the impact of the service to the community. Judges will rate the overall effectiveness of the letters. Applications not including two letters will not be considered.

Celebrating Head Start Heroes

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION

Sargent Shriver Excellence in Community Service Award

Regionally known as the Billy J. McCain, Sr. Excellence in Community Service Award

Be sure to complete the form below in its entirety. All fields are required. Please type or print clearly.

Nominee

| | | | | | |
|----------------------------|--|-------------------|--------|------------------|----------|
| Nominee | | Social Security # | | Date | |
| Position Title | | | | Agency Hire Date | |
| Mailing Address of Nominee | | | | | |
| City | | | State | | Zip Code |
| Telephone | | | E-Mail | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|---|--|--|-------|--|----------|
| Agency Name | | | | | |
| Head Start or Early Head Start Director | | | | | |
| Grantee Mailing Address | | | | | |
| City | | | State | | Zip Code |
| Telephone | | | Fax | | |
| E-Mail | | | | | |

Membership Information

| Category | Membership # |
|-----------------------------------|--------------|
| National Head Start Association | |
| Region IV Head Start Association | |
| Your State Head Start Association | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Biographical Profile
- Specific Contribution Summary
- Outcomes/Impact Summary
- Letters of reference

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.
- **REGIONAL ASSOCIATION:** Submit regional recipients to NHSA for national competition by the filing deadline.

Guidelines & Applications for RIVHSA Awards & Scholarships

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION

Aubrey Puckett Memorial Award

Regionally known as the Dr. Arvern Moore Memorial Award

NHSA Description

National staff award in memory of Aubrey Puckett – this award celebrates a Head Start alum (parent or child) now working for a Head Start or Early Head Start program who demonstrates their passion for serving through advocacy, career growth, and being actively involved in their program, community, or the state/national level to benefit Head Start families. RIVHSA will present the recipient with a commemorative plaque and \$100 award.

RIVHSA Description: Dr. Arvern Moore Memorial Award

Dr. Arvern Moore was a charter member and past President of the Region IV Head Start Association who also served multiple terms as President of the National Head Start Association. RIVHSA acknowledges his contribution to the development and growth of the organization as well as his legacy of leadership to achieve distinction as powerful advocates for children and families.

NHSA Award-Specific Criteria

1. The nominee must have been enrolled in a Head Start/Early Head Start program as a student or parent for one or more years.
2. The nominee must be a Head Start program employee for at least three years.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

NHSA General Rules and Regulations:

1. Applications must reflect services contributed during the specified program year.
2. Applicant must be associated with a grantee that is a current member of NHSA, RIVHSA and its state association.
3. Applicant may not be nominated for more than one national category per year.
4. Recipients must be able to provide a Social Security number and other required information to redeem cash awards.
5. Applicant must be willing to allow NHSA to publicize their nomination through a variety of media channels.
6. Nominees will be contacted primarily by e-mail.
7. Recipients serve as models and ambassadors for the Head Start Community. During their year, winners will be encouraged to share successful strategies with others during NHSA conferences, institutes and gatherings.
8. NHSA board members, staff, and family members are ineligible.

APPLYING FOR THE AWARD

Questionnaire (80 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (20 points) Personal Profile: Please share key details about yourself and your family, and connection to Head Start as a Head Start child or parent.
2. (20 points) Professional Profile: Please share length of service in your Head Start program: What year did you start? What positions have you held, and so on?
3. (30 points) Special Contributions Summary: Describe activities and efforts you have made that demonstrate your passion for serving through advocacy career growth, or being involved in their program, community, or the state/national level to benefit Head Start families.

Letters of Reference (20 points)

Include two letters of reference. Each letter must be from different individuals who know the nominee in his/her current role. Judges will rate the overall effectiveness of the letters. Applications not including two letters will not be considered.

Celebrating Head Start Heroes

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION
Aubrey Puckett Memorial Award
Regionally known as the Dr. Arvern Moore Memorial Award

Be sure to complete the form below in its entirety. All fields are required. Please type or print clearly.

Nominee

| | | | | | |
|----------------------------|--|-------------------|--------|------------------|----------|
| Nominee | | Social Security # | | Date | |
| Position Title | | | | Agency Hire Date | |
| Mailing Address of Nominee | | | | | |
| City | | | State | | Zip Code |
| Telephone | | | E-Mail | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|---|--|--|-------|--|----------|
| Agency Name | | | | | |
| Head Start or Early Head Start Director | | | | | |
| Grantee Mailing Address | | | | | |
| City | | | State | | Zip Code |
| Telephone | | | Fax | | |
| E-Mail | | | | | |

Membership Information

| Category | Membership # |
|-----------------------------------|--------------|
| National Head Start Association | |
| Region IV Head Start Association | |
| Your State Head Start Association | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Statement: Indicate number of years nominee enrolled in a Head Start/Early Head Start program as a student **/OR/** the number of years as a parent of an enrolled child **/OR/** number of years as a Head Start program employee.
- Personal Profile
- Professional Profile
- Special Contributions Summary
- Letters of reference

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.
- **REGIONAL ASSOCIATION:** Submit regional recipients to NHSA for national competition by the filing deadline.

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION Vanessa Rich Leadership Award

NHSA Description

This award is intended for a new director of Head Start or Early Head Start (3 years or less) who is carrying on Vanessa Rich's legacy of "Head Start doesn't stop on the front porch, it comes all the way into the house". This individual will earn a complimentary registration and travel stipend for either NHSA's Fall or Winter Leadership Institute where they will speak at the Head Start Spirit Rally or Congressional Breakfast to share how they are carrying on Vanessa's legacy in the Head Start Community. RIVHSA will present the recipient with a commemorative plaque and \$100 award.

NHSA Award-Specific Criteria

1. The nominee must be a Head Start or Early Head Start Director for three years or less.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

NHSA General Rules and Regulations:

1. Applications must reflect services contributed during the specified program year.
2. Applicant must be associated with a grantee that is a current member of NHSA, RIVHSA and its state association.
3. Applicant may not be nominated for more than one national category per year.
4. Recipients must be able to provide a Social Security number and other required information to redeem cash awards.
5. Applicant must be willing to allow NHSA to publicize their nomination through a variety of media channels.
6. Nominees will be contacted primarily by e-mail.
7. Recipients serve as models and ambassadors for the Head Start Community. During their year, winners will be encouraged to share successful strategies with others during NHSA conferences, institutes and gatherings.
8. NHSA board members, staff, and family members are ineligible.

APPLYING FOR THE AWARD

Questionnaire (80 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (20 points) Personal Profile: Please share key details about yourself and your family, and connection to Head Start as a Head Start child or parent.
2. (30 points) Professional Profile: Please share details about how you intend to "build the next brick" for Head Start.
3. (30 points) Special Contributions Summary: Describe activities and efforts you have made that demonstrate your passion for serving through advocacy career growth, or being involved in Head Start, the community, or the state/national level. .

Letters of Reference (20 points)

Include two letters of reference which support the personal statement. Judges will rate the overall effectiveness of the letters. Applications not including two letters will not be considered.

Celebrating Head Start Heroes

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION
Vanessa Rich Leadership Award

Be sure to complete the form below in its entirety. All fields are required. Please type or print clearly.

Nominee

| | | | | | |
|----------------------------|--|-------------------|--------|------------------|----------|
| Nominee | | Social Security # | | Date | |
| Position Title | | | | Agency Hire Date | |
| Mailing Address of Nominee | | | | | |
| City | | | State | | Zip Code |
| Telephone | | | E-Mail | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|---|--|--|-------|--|----------|
| Agency Name | | | | | |
| Head Start or Early Head Start Director | | | | | |
| Grantee Mailing Address | | | | | |
| City | | | State | | Zip Code |
| Telephone | | | Fax | | |
| E-Mail | | | | | |

Membership Information

| Category | Membership # |
|-----------------------------------|--------------|
| National Head Start Association | |
| Region IV Head Start Association | |
| Your State Head Start Association | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Statement: Indicate date of hire as a Head Start Director **/AND/** the number of years nominee served in the position.
- Personal Profile
- Professional Profile
- Special Contributions Summary
- Letters of reference

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.
- **REGIONAL ASSOCIATION:** Submit regional recipients to NHTA for national competition by the filing deadline.

Guidelines & Applications for RIVHSA Awards & Scholarships

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION Ron Herndon Head Start Parent Scholarship

NHSA Description

This scholarship honors Ron Herndon's tireless efforts championing Head Start parents. The Ron Herndon scholarship celebrates Head Start parents who, through their own efforts to mobilize other parents and community members, have affected real change in their Head Start programs and/or communities. Nominee must be attending an institution whose accreditation is recognized by the US Department of Education. Funds may be applied to the documented cost of tuition or books. NHSA will present the recipient a one-time scholarship award and a commemorative certificate from NHSA. RIVHSA will present the recipient with a commemorative plaque and one-time \$500 award.

NHSA Award-Specific Criteria

1. The nominee must have a child enrolled in a Head Start/Early Head Start program.
2. The nominee must be a High School graduate, be pursuing a post-secondary education or submit proof of acceptance or enrollment in an institution of higher learning.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

NHSA General Rules and Regulations:

1. Applications must reflect services contributed during the specified program year as of June 30.
2. Applicant must be associated with a grantee that is a current member of NHSA, RIVHSA and its state association.
3. Applicant may not be nominated for more than one national category per year.
4. Recipients must be able to provide a Social Security number and other required information to redeem cash awards.
5. Applicant must be willing to allow NHSA to publicize their nomination through a variety of media channels.
6. Nominees will be contacted primarily by e-mail.
7. Recipients serve as models and ambassadors for the Head Start Community. During their year, winners will be encouraged to share successful strategies with others during NHSA conferences, institutes and gatherings.
8. NHSA board members, staff, and family members are ineligible.

APPLYING FOR THE SCHOLARSHIP

Questionnaire (80 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (20 points) Personal Profile: The nominee has provided biographical information as well as descriptions of his/her connection to Head Start and current education environment.
2. (30 points) Educational and Professional Goals Statement: The nominee has provided a statement of personal goals.
3. (30 points) Special Contributions Summary: A description of the nominee's mobilization efforts and resulting real change at the program and/or in the local community provided.

Letters of Reference (20 points)

Include two letters of reference. Each letter must be from two people who know the nominee as a student, and as a parent in the Head Start/Early Head Start program. Judges will rate the overall effectiveness of the letters. Applications not including two letters will not be considered.

Celebrating Head Start Heroes

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION
Ron Herndon Head Start Parent Scholarship

Be sure to complete the form below in its entirety. All fields are required. Please type or print clearly.

Nominee

| | | | | | |
|----------------------------|--|-------------------|--------|------------------|----------|
| Nominee | | Social Security # | | Date | |
| Position Title | | | | Agency Hire Date | |
| Mailing Address of Nominee | | | | | |
| City | | | State | | Zip Code |
| Telephone | | | E-Mail | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|---|--|--|-------|--|----------|
| Agency Name | | | | | |
| Head Start or Early Head Start Director | | | | | |
| Grantee Mailing Address | | | | | |
| City | | | State | | Zip Code |
| Telephone | | | Fax | | |
| E-Mail | | | | | |

Membership Information

| Category | Membership # |
|-----------------------------------|--------------|
| National Head Start Association | |
| Region IV Head Start Association | |
| Your State Head Start Association | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Statement: Indicate dates of child’s enrollment in Head Start/Early Head Start program as a current student
- Proof of acceptance or enrollment in an institution of higher learning.
- Personal Profile
- Educational and Professional Goals Statement
- Special Contributions Summary
- Letters of reference

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.
- **REGIONAL ASSOCIATION:** Submit regional recipients to NHSA for national competition by the filing deadline.

Administrator of the Year Award

Description

This award acknowledges the important contributions of forward-thinking administrators to the long-term success of Head Start/Early Head Start programs and, ultimately, the children and families they serve. The award recipient will receive a commemorative plaque and \$100 award.

Criteria

1. Applicant must serve in a position directly related to this year's emphasis area.
2. The application must only describe the applicant's responsibilities in their current professional role.
3. Applicant must be a program employee for at least one year with the nominating program.
4. Applications must reflect services contributed during the specified program year as of June 30.
5. Applicant must possess at least a bachelor's degree and submit proof of credentials.
6. The local program must be a current member of RIVHSA.
7. Applicant must be a current individual member of RIVHSA.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

APPLYING FOR THE AWARD

Questionnaire (90 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Length or Service in the Program: What year did you start? What positions have you held?
2. (15 points) Training, Qualifications, and Credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess?
3. (15 points) 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.
4. (20 points) Quality and Provision of Services: Describe activities in your program or community that are unique and meet or surpass the Head Start Program Performance Standards.
5. (30 points) 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 on the total program. Please be very specific.

Letters of Reference (10 points)

Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: supervisor, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Celebrating Head Start Heroes

Administrator of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

Please mark the year of application:

- () 2021 - Center Director - Head Start and/or Early Head Start
- () 2022 - Assistant/Deputy Head Start and/or Early Head Start Director
- () 2023 - Head Start and/or Early Head Start Director

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| Position Title | | | | | |
| Agency Hire Date | | Hire Date in Current Position | | | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |
| Telephone | | | | E-Mail | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | | | Fax | |

Submission Checklist: Check each box to indicate that required materials are attached.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Application Form <input type="checkbox"/> Proof of highest post-secondary degree completed (e.g. copy of degree or transcript) <input type="checkbox"/> Letters of reference | <p>Statements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Length or Service in the Program <input type="checkbox"/> Training, Qualifications, and Credentials <input type="checkbox"/> Mobilization of Resources and Collaboration <input type="checkbox"/> Quality and Provision of Services <input type="checkbox"/> Special Contributions |
|---|--|

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Teacher of the Year Award

Description

This award recognizes exemplary teachers who have strong long-range potential for leadership and the ability to inspire a love of learning in young children. This honor was established to elevate the status of the teaching profession at the state and regional levels by creating opportunities for recognizing the most accomplished members of the profession. The award recipient will receive a commemorative plaque and \$100 award.

Criteria

1. Applicant must serve in a position directly related to this year's emphasis area.
2. The application must only describe the applicant's responsibilities in their current professional role.
3. Applicant must be a program employee for at least one year with the nominating program.
4. Applications must reflect services contributed during the specified program year as of June 30.
5. Applicant must possess at least an associate degree and submit proof of credentials.
6. The local program must be a current member of RIVHSA.
7. Applicant must be a current individual member of RIVHSA.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

| |
|-------------------------------|
| APPLYING FOR THE AWARD |
|-------------------------------|

Questionnaire (90 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Length or Service in the Program: What year did you start? What positions have you held?
2. (15 points) Training, Qualifications, and Credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess?
3. (15 points) 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.
4. (20 points) Quality and Provision of Services: Describe activities in your program or community that are unique and meet or surpass the Head Start Program Performance Standards.
5. (30 points) 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 on the total program. Please be very specific.

Letters of Reference (10 points)

Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: supervisor, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Celebrating Head Start Heroes

Teacher of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| Position Title | | | | | |
| Agency Hire Date | | Hire Date in Current Position | | | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|--------|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |
| Telephone | | E-Mail | | | |

Head Start/Early Head Start Director

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Application Form <input type="checkbox"/> Proof of highest post-secondary degree completed (e.g. copy of degree or transcript) <input type="checkbox"/> Letters of reference | <p>Statements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Length or Service in the Program <input type="checkbox"/> Training, Qualifications, and Credentials <input type="checkbox"/> Mobilization of Resources and Collaboration <input type="checkbox"/> Quality and Provision of Services <input type="checkbox"/> Special Contributions |
|---|--|

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Staff of the Year Award

Description

This award recognizes the significant contributions and extraordinary dedication of professional staff in the fulfillment of the organization's mission and established goals. The award recipient will receive a commemorative plaque and a \$100 award.

Criteria

1. Applicant must serve in a position directly related to this year's emphasis area.
2. The application must only describe the applicant's responsibilities in their current professional role.
3. Applicant must be a program employee for at least one year with the nominating program.
4. Applications must reflect services contributed during the specified program year as of June 30.
5. Applicant must possess at least an associate degree and submit proof of credentials.
6. The local program must be a current member of RIVHSA.
7. Applicant must be a current individual member of RIVHSA.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

APPLYING FOR THE AWARD

Questionnaire (90 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Length or Service in the Program: What year did you start? What positions have you held?
2. (15 points) Training, Qualifications, and Credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess?
3. (15 points) 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.
4. (20 points) Quality and Provision of Services: Describe activities in your program or community that are unique and meet or surpass the Head Start Program Performance Standards.
5. (30 points) 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 on the total program. Please be very specific.

Letters of Reference (10 points)

Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: supervisor, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Celebrating Head Start Heroes

Staff of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

Please mark the year of application:

- () 2021 - Early Childhood Development/Health: Nutrition Emphasis
- () 2022 - Parent/Family/Community Engagement
- () 2023 - Early Childhood Development/Health: Mental Health

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| Position Title | | | | | |
| Agency Hire Date | | Hire Date in Current Position | | | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Application Form <input type="checkbox"/> Proof of highest post-secondary degree completed (e.g. copy of degree or transcript) <input type="checkbox"/> Letters of reference | <p>Statements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Length or Service in the Program <input type="checkbox"/> Training, Qualifications, and Credentials <input type="checkbox"/> Mobilization of Resources and Collaboration <input type="checkbox"/> Quality and Provision of Services <input type="checkbox"/> Special Contributions |
|---|--|

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Support Staff of the Year Award

Description

This award recognizes the significant contributions and extraordinary dedication of support staff in the fulfillment of the organization's mission and established goals. The award recipient will receive a commemorative plaque and \$100 award.

Criteria

1. Applicant must serve in a position directly related to this year's emphasis area.
2. The application must only describe the applicant's responsibilities in their current professional role.
3. Applicant must be a program employee for at least one year with the nominating program.
4. Applications must reflect services contributed during the specified program year as of June 30.
5. Applicant must possess at least an associate degree and submit proof of credentials.
6. The local program must be a current member of RIVHSA.
7. Applicant must be a current individual member of RIVHSA.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

APPLYING FOR THE AWARD

Questionnaire (90 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Length or Service in the Program: What year did you start? What positions have you held?
2. (15 points) Training, Qualifications, and Credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess?
3. (15 points) 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.
4. (20 points) Quality and Provision of Services: Describe activities in your program or community that are unique and meet or surpass the Head Start Program Performance Standards.
5. (30 points) 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 on the total program. Please be very specific.

Letters of Reference (10 points)

Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: supervisor, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Celebrating Head Start Heroes

Support Staff of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

| |
|---|
| <p>Please mark the year of application:</p> <p>() 2021 - Transportation Services</p> <p>() 2021 - Administrative Support</p> <p>() 2021 - Classroom Support</p> |
|---|

| |
|---|
| <p>For Administrative Use Only:</p> <p>_____ Local Program Director <i>initial here before submitting to the state association.</i></p> <p>_____ State Association President <i>initial here before submitting to RIVHSA</i></p> |
|---|

Nominee

| | | | | | |
|----------------------------|--|-------------------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| Position Title | | | | | |
| Agency Hire Date | | Hire Date in Current Position | | | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Application Form <input type="checkbox"/> Proof of highest post-secondary degree completed (e.g. copy of degree or transcript) <input type="checkbox"/> Letters of reference | <p>Statements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Length or Service in the Program <input type="checkbox"/> Training, Qualifications, and Credentials <input type="checkbox"/> Mobilization of Resources and Collaboration <input type="checkbox"/> Quality and Provision of Services <input type="checkbox"/> Special Contributions |
|---|--|

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Achievement Award

DISABILITY SERVICES COORDINATOR

Description

This award recognizes exceptional performance in the delivery of services to children with disabilities and supporting parents in their role as advocates for their children. The award recipient will receive a commemorative plaque and \$100 award.

Criteria

1. Applicant must be a Head Start/Early Head Start Coordinator of Disability Services or in a combined position responsible for disability services.
2. The application must only describe the applicant's responsibilities in their current professional role.
3. Applicant must be a program employee for at least one year with the nominating program.
4. Applications must reflect services contributed during the specified program year as of June 30.
5. Applicant must have credentials beyond a high school diploma; minimum of an associate degree.
6. The local program must be a current member of RIVHSA.
7. Applicant must be a current individual member of RIVHSA.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

APPLYING FOR THE AWARD

Questionnaire (90 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Length or Service in the Program: What year did you start? What positions have you held?
2. (15 points) Training, Qualifications, and Credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess?
3. (15 points) 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.
4. (20 points) Quality and Provision of Services: Describe activities in your program or community that are unique and meet or surpass the Head Start Program Performance Standards.
5. (30 points) 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 on the total program. Please be very specific.

Letters of Reference (10 points)

Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: supervisor, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Celebrating Head Start Heroes

Achievement Award DISABILITY SERVICES COORDINATOR

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| Position Title | | | | Agency Hire Date | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |
| Telephone | | E-Mail | | | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Application Form <input type="checkbox"/> Proof of highest post-secondary degree completed (e.g. copy of degree or transcript) <input type="checkbox"/> Letters of reference | <p>Statements:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Length or Service in the Program <input type="checkbox"/> Training, Qualifications, and Credentials <input type="checkbox"/> Mobilization of Resources and Collaboration <input type="checkbox"/> Quality and Provision of Services <input type="checkbox"/> Special Contributions |
|---|--|

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Oral Health Award

Description

This award recognizes exceptional leadership and commitment toward improving the oral health of children and their families. The award recipient will receive a commemorative plaque and \$250 grant award to support oral health activities at their local program.

Criteria

1. Applicant must be a Head Start/Early Head Start program that sufficiently outlines how this award will be used to promote oral health practices in the classroom, including parent involvement and utilization of Colgate's Bright Smiles, Bright Futures program.
2. The local program must be a current member of RIVHSA.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

| |
|-------------------------------|
| APPLYING FOR THE AWARD |
|-------------------------------|

Questionnaire (100 points)

1. (20 points) Need: Describe the current oral health activities in your local programs, the size of your program, and discuss the need to enhance your present efforts.
2. (30 points) Activities: Describe what activities you plan to implement with the help of this award and the benefit students will receive from these activities.
3. (10 points) Bright Smiles, Bright Futures: Discuss how the Bright Smiles, Bright Futures program will be utilized as part of your programming efforts.
4. (20 points) Parent Involvement: Describe how parents will be involved in oral health activities and the benefits they will receive from changes to the program's oral health practices.
5. (20 points) Program Goals: Outline your program's short-term and long-term goals as they pertain to oral health practices in your program.

Celebrating Head Start Heroes

Oral Health Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |
| Telephone | | E-Mail | | | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

Application Form

Statements:

- Need
- Activities
- Bright Smiles, Bright Futures
- Parent Involvement
- Program Goals

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Beating the Odds Award

Description

This award recognizes a Head Start/Early Head Start parent who has overcome significant challenges on the journey to self-sufficiency. The award recipient will receive a commemorative plaque and \$100 award.

Criteria

1. Applicant must be a Head Start/Early Head Start parent and not a paid employee.
2. Applicant must have volunteered in the Head Start/Early Head Start program.
3. The local program must be a current member of RIVHSA.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

| |
|-------------------------------|
| APPLYING FOR THE AWARD |
|-------------------------------|

Questionnaire (90 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Positions: List any positions held by the individual (i.e. center committee, policy council) and the number of volunteer hours contributed in the specified program year.
2. (30 points) Self-Sufficiency: Describe how the individual has overcome obstacles, persevered through hardships, and taken steps toward self-sufficiency.
3. (30 points) Career Advancement: Describe the steps the individual has taken or participation in programs that has led toward career advancement.
4. (30 points) Personal and Professional Goals: Describe the individual's goals/aspirations for their career, education and future.

Letters of Reference (10 points)

Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: professionally, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Celebrating Head Start Heroes

Beating the Odds Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |
| Telephone | | E-Mail | | | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Letters of Reference

Statements:

- Indicate actual years nominee was Head Start parent.
- Indicate whether the nominee was a paid employee during the specified program year.
- Positions
- Self-Sufficiency
- Career Advancement
- Personal and Professional Goals

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Parent of the Year Award

Description

This award honors a Head Start/Early Head Start father who has demonstrated the ability to serve as a role model for his children and to make a positive difference in the community. The award recipient will receive a commemorative plaque and \$100 award.

Criteria

1. Applicant must be a Head Start/Early Head Start parent and not a paid employee.
2. Applicant must have volunteered in the Head Start/Early Head Start program.
3. The local program must be a current member of RIVHSA.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

APPLYING FOR THE AWARD

Questionnaire (90 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Positions: List any positions held by the individual (i.e. center committee, policy council) and the number of volunteer hours contributed in the specified program year.
2. (30 points) Self-Sufficiency: Describe how the individual has overcome obstacles, persevered through hardships, and taken steps toward self-sufficiency.
3. (30 points) Career advancement: Describe the steps the individual has taken or participation in programs that has led toward career advancement.
4. (30 points) Personal and Professional Goals: Describe the individual's goals/aspirations for their career, education and future.

Letters of Reference (10 points)

Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: professionally, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Celebrating Head Start Heroes

Parent of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |
| Telephone | | E-Mail | | | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Letters of Reference

Statements:

- Indicate actual years nominee was Head Start parent.
- Indicate whether the nominee was a paid employee during the specified program year.
- Positions
- Self-Sufficiency
- Career Advancement
- Personal and Professional Goals

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Father of the Year Award

Description

This award honors a Head Start/Early Head Start father who has demonstrated the ability to serve as a role model for his children and to make a positive difference in the community. The award recipient will receive a commemorative plaque and \$100 award.

Criteria

1. Applicant must be a Head Start/Early Head Start father and not a paid employee. The Program Performance Standards 1305.2(2) 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/Early Head Start experience.
3. The local program must be a current member of RIVHSA.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

APPLYING FOR THE AWARD

Questionnaire (90 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (20 points) Volunteering: Describe the ways the individual has volunteered or worked in the program.
2. (20 points) Participation: Describe the program activities he participated in with his child or children.
3. (30 points) Development: Describe how the fatherhood program has helped him develop.
4. (20 points) Personal: Describe why he should be selected as the Father of the Year. Please be very specific.

Letters of Reference (10 points)

Include three letters of reference.

1. Two letters must be from people who know the individual as a program volunteer and/or fatherhood program participant.
2. The third letter may be personal. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Celebrating Head Start Heroes

Father of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |
| Telephone | | E-Mail | | | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Letters of Reference

Statements:

- Indicate actual years nominee was Head Start parent.
- Indicate whether the nominee was a paid employee during the specified program year.
- Volunteering
- Participation
- Development
- Personal

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Humanitarian of the Year Award

Description

This award was established to recognize an individual who utilizes their resources and leadership to achieve positive outcomes in their community and help Head Start/Early Head Start children and their families. The award recipient will receive a commemorative plaque and \$100 award.

Criteria

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 RIVHSA.
3. The contribution must have occurred within, or in preparation for the school year specified above.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

APPLYING FOR THE AWARD

Questionnaire (100 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (20 points) Need: Describe the situation before the contribution was made.
2. (30 points) Activities: Describe the nominee's activities that met this need, include length of time this person has been involved in this activity and the scope of volunteer services provided.
3. (30 points) Results: Describe the positive results of the nominee's activities, who benefited, and how.
4. (10 points) Enhancement: Support this nomination with letters from interested individuals or organizations. If available, include news reports or other documentation about the contribution.
5. (5 points) Biographical Sketch: Describe family, education, hobbies, interests, employment, and anything else you feel is appropriate and that give a broad picture of the nominee, but especially those items relevant to the award. This should be more than 300 words (one typewritten, double spaced page)
6. (5 points) Vantage: Briefly describe the vantage point from which you observed the nominee's contribution. This should be no more than 300 words (on typewritten, double spaced page)

Celebrating Head Start Heroes

Humanitarian of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |
| Telephone | | E-Mail | | | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

Application Form

Statements:

- Need
- Activities
- Results
- Enhancement
- Biographical Sketch
- Vantage

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Corporate Award

Description

This award was established to recognize a corporation that utilizes their resources and leadership to help Head Start/Early Head Start children and their families as well as to promote positive outcomes in their community. The award recipient will receive a commemorative plaque.

Criteria

1. Nominee must be a corporation that demonstrates commitment to the goals and objectives of Head Start/Early Head Start and/or promote special projects that benefit poor children and their families.
2. The local program must be a current member of RIVHSA.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

APPLYING FOR THE AWARD

Essay (100 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (100 points) Special contributions: Describe in 300 words or less (no more than one typewritten, double spaced page) the special contribution(s) this company makes that impacts the program, children and families. Be sure to describe how this company's contributions help fulfill the goals and objectives of the program as outlined below.

About Head Start and Early Head Start

Established in 1965, Head Start is a national program that provides comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. Head Start promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.

In FY 1995, the Early Head Start (EHS) program was established to serve children from birth to three years of age in recognition of the mounting evidence that the earliest years matter a great deal to children's growth and development. EHS promotes healthy prenatal outcomes, enhances the development of infants and toddlers, and promotes healthy family functioning. Its mission is to promote healthy prenatal outcomes for pregnant women, enhance the development of very young children, and to promote healthy family functioning.

Celebrating Head Start Heroes

Corporate Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |
| Telephone | | E-Mail | | | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Essay

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Scholarship for the Hearing-Impaired

Description

This scholarship is designed to recognize a hearing-impaired individual who is making significant contributions to their community and to encourage their continuing education at an institution of higher learning. The scholarship recipient will receive a commemorative plaque and is eligible to receive a one-time scholarship award of \$500 towards the attainment of an undergraduate degree at an institution of higher learning. The recipient must send RIVHSA proof of eligibility (acceptance or enrollment at an institution of higher learning, class schedule and 2.5 cumulative GPA) to receive the scholarship award. A runner-up is selected for replacement in the instance that the recipient is determined ineligible or fails to comply with verification guidelines.

Criteria

1. Applicant must be a hearing-impaired student.
2. The local program must be a current member of RIVHSA.
3. Applicant must submit proof of acceptance or enrollment in an institution of higher learning.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

APPLYING FOR THE SCHOLARSHIP

Questionnaire (70 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (30 points) Financial Need: Describe how this scholarship will enable you to be successful in your chosen degree program.
2. (40 points) Educational and Professional Goals: Describe the goals/aspirations you have for furthering your education and the role Head Start/Early Head Start has played in your education.

Letters of Reference (30 points)

Include three letters of reference from people who can verify the student's work, volunteer service, and other activities. Letters will be judged by specific information and should be no more than one typewritten page. Judges will rate the overall effectiveness of the letters. Applications that do not include all three references will not be considered for this award.

Celebrating Head Start Heroes

Scholarship for the Hearing Impaired

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |
| Telephone | | E-Mail | | | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Proof of acceptance at or enrollment in an institution of higher learning
- Letters of reference

Statements:

- Financial Need
- Educational and Professional Goals

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Scholarship for Head Start/Early Head Start Staff, Higher Education

Description

This scholarship is designed to recognize a Head Start/Early Head Start staff person who is making significant contributions to their local program and community and to encourage their continuing education at an institution of higher learning. The scholarship recipient will receive a commemorative plaque and is eligible to receive a one-time scholarship award of \$1000 towards the attainment of an undergraduate degree at an institution of higher learning. The recipient must send RIVHSA proof of eligibility (acceptance or enrollment at an institution of higher learning, class schedule and 2.5 cumulative GPA) to receive the scholarship award. A runner-up is selected in the event the recipient is determined ineligible or fails to comply with verification guidelines.

Criteria

1. Applicant must be a current employee of a Head Start/Early Head Start grantee.
2. The local program must be a current member of RIVHSA.
3. Applicant must be a current individual member of RIVHSA.
4. Applicant must submit proof of acceptance or enrollment in an institution of higher learning.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

APPLYING FOR THE SCHOLARSHIP

Questionnaire (70 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (30 points) Financial need: Include a brief statement of the need for financial assistance.
2. (40 points) Professional Development Goals: Write a statement of professional development goals for furthering your education and how degree attainment will advance the priorities and initiatives at your local Head Start/Early Head Start program.

Letters of Reference (30 points)

Include three letters of reference from people who can verify the nominee's work, volunteer service, and other activities. Letters will be judged on specific information and should be no longer than one typewritten page. Judges will rate the overall effectiveness of the letters. Applications that do not include all three references will not be considered for this award.

Celebrating Head Start Heroes

Scholarship for Head Start/Early Head Start Staff, Higher Education

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |
| Telephone | | E-Mail | | | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Proof of acceptance at or enrollment in an institution of higher learning
- Letters of reference

Statements:

- Financial Need
- Professional Development Goals

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Scholarship for Head Start Alumni, High School Senior

Description

This scholarship is designed to recognize a Head Start graduate who is making significant contributions to their community and to encourage their continuing education at an institution of higher learning. Two recipients are selected for this scholarship. The scholarship recipient will receive a commemorative plaque and is eligible to receive a one-time scholarship award of \$1500 to be applied to an institution of higher learning for the attainment of an undergraduate degree. The recipient must send RIVHSA proof of eligibility (acceptance or enrollment at an institution of higher learning, class schedule and 2.5 cumulative GPA) to receive the scholarship award. A runner-up is selected in the event the recipient is determined ineligible or fails to comply with verification guidelines.

Criteria

1. Applicant must be a former student and graduate of Head Start.
2. The local program must be a current member of RIVHSA.
3. Applicant must submit proof of acceptance or enrollment in an institution of higher learning.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

APPLYING FOR THE SCHOLARSHIP

Questionnaire (70 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (30 points) Financial need: Include a brief statement of the need for financial assistance.
2. (40 points) Educational and Personal Goals: Discuss your goals and an aspiration for furthering your education and the role Head Start/Early Head Start has played in your education. Include the years that you attended Head Start/Early Head Start.

Letters of Reference (30 points)

Include three letters of reference from people who can verify the nominee's work, volunteer service, and other activities. Letters will be judged on specific information and should be no longer than one typewritten page. Judges will rate the overall effectiveness of the letters. Applications that do not include all three references will not be considered for this award.

Celebrating Head Start Heroes

Scholarship for Head Start Alumni, High School Senior

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |
| Telephone | | E-Mail | | | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Proof of acceptance at or enrollment in an institution of higher learning
- Letters of reference

Statements:

- Financial Need
- Educational and Personal Goals

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.

Scholarship for Head Start/Early Head Start Parent, Post-Secondary Education

Description

This scholarship is designed to recognize a Head Start/Early Head Start parent who is making significant contributions to their community and to encourage their continuing education at an institution of higher learning. Two recipients are selected for this scholarship. The scholarship recipient will receive a commemorative plaque and is eligible to receive a one-time scholarship award of \$500 towards the attainment of an undergraduate degree at an institution of higher learning. The recipient must send RIVHSA proof of eligibility (acceptance or enrollment at an institution of higher learning, class schedule and 2.5 cumulative GPA) to receive the scholarship award. A runner-up is selected in the event the recipient is determined ineligible or fails to comply with verification guidelines.

Criteria

1. Applicant must be a Head Start/Early Head Start parent and not a paid employee during the during the specified program year
2. Applicant must have volunteered in the Head Start/Early Head Start program.
3. The local program must be a current member of RIVHSA.
4. Applicant must submit proof of acceptance or enrollment in an institution of higher learning.

This application is due to RIVHSA by **July 29**. Please contact your state association for state deadlines. Failure to meet any of the criteria will result in automatic elimination. See complete guidelines on **pages 1-6**.

RIVHSA General Rules and Regulations:

1. Applications submitted on incorrect forms will not be considered.
2. Local programs are responsible for all expenses related to the application process. RIVHSA is not responsible for expenses related to the attendance of regional nominees or recipients at the annual awards gala.
3. Send a high-resolution digital image in jpg format to Frances Starr at fstarr@rivhsa.org by **January 5** for inclusion in the awards ceremony program.

APPLYING FOR THE SCHOLARSHIP

Questionnaire (70 points)

On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (30 points) Special Contributions: Describe accomplishments and activities related to the continuous personal and career development of the parent. Include any program positions held by the parent.
2. (40 points) Personal Goals: Write a statement of personal goals no more than 200 words in length.

Letters of Reference (30 points)

Include three letters of reference from people who can verify the nominee's work, volunteer service, and other activities. Letters will be judged on specific information and should be no longer than one typewritten page. Judges will rate the overall effectiveness of the letters. Applications that do not include all three references will not be considered for this award.

Celebrating Head Start Heroes

Scholarship for Head Start/Early Head Start Parent, Post-Secondary Education

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:

_____ Local Program Director
initial here before submitting to the state association.

_____ State Association President
initial here before submitting to RIVHSA

Nominee

| | | | | | |
|----------------------------|--|-------------------|--|---------------------|--|
| Nominee | | Social Security # | | Date | |
| State | | Program Member # | | Individual Member # | |
| Mailing Address of Nominee | | | | | |
| City | | State | | Zip Code | |
| Telephone | | E-Mail | | | |

Head Start/Early Head Start Director

| | | | | | |
|-----------|--|-----|--|--|--|
| Name | | | | | |
| Telephone | | Fax | | | |
| E-mail | | | | | |

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

| | | | | | |
|-------------------------|--|-------|--|----------|--|
| Name | | | | | |
| Grantee Mailing Address | | | | | |
| City | | State | | Zip Code | |
| Telephone | | Fax | | | |

Submission Checklist: Check each box to indicate that required materials are attached.

- Application Form
- Proof of acceptance at or enrollment in an institution of higher learning
- Letters of reference

Statements:

- Special Contributions
- Personal Goals

Application Process: Nominations will be processed by phase as indicated below:

- **NOMINEE:** Submit all items listed above to your local Head Start/Early Head Start grantee
- **GRANTEE:** Submit local recipients to your state association. Contact your state association for filing deadline.
- **STATE ASSOCIATION:** Submit state recipients to RIVHSA by the **July 29** filing deadline.