

Luzerne County Head Start, Inc.  
P.O. Box 540, 23 Beekman Street  
Wilkes-Barre, PA 18703-0540  
570-829-6231/800-551-5829  
Fax: 570-829-6580/ [www.lchs.hsweb.org](http://www.lchs.hsweb.org)

**2010 SCHOLARSHIP COMPETITION  
APPLICATION CHECKLIST**

***APPLICANT: COMPLETE THIS FORM AND SIGN AT BOTTOM.***

	<u>YES</u>	<u>NO</u>
1. APPLICATION COMPLETE (3 pages)	_____	_____
2. STATEMENT OF GOALS/EXPECTATIONS INCLUDED	_____	_____
3. PHOTOS (HEAD START, HIGH SCHOOL) INCLUDED	_____	_____
4. GUIDANCE COUNSELOR OR TEACHER LETTER OF RECOMMENDATION INCLUDED	_____	_____
5. STUDENT INFORMATION FORM INCLUDED	_____	_____
6. HIGH SCHOOL TRANSCRIPT INCLUDED	_____	_____
7. COPY OF SAT SCORES INCLUDED	_____	_____
8. COLLEGE ACCEPTANCE NOTIFICATION INCLUDED	_____	_____

LIST NAME AND ADDRESS OF COLLEGE TO WHICH CHECK SHOULD BE MADE PAYABLE IF YOU ARE AWARDED A SCHOLARSHIP. IF YOU ARE UNDECIDED, FUNDS WILL BE HELD UNTIL THIS INFORMATION CAN BE PROVIDED.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that the evaluation of all data submitted on my behalf will be performed by an impartial selection committee and that the decisions of the committee and Board of Directors, based upon the criteria as set forth in the application, will be final.

\_\_\_\_\_  
**STUDENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**LUZERNE COUNTY HEAD START, INC.  
SCHOLARSHIP APPLICATION**

1. Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

3. What Year(s) Did You Attend Head Start? \_\_\_\_\_

4. Name of Head Start Center Attended: \_\_\_\_\_

Location of Center Attended: \_\_\_\_\_

Name of Head Start Teacher: \_\_\_\_\_

5. Name of High School: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. Parent/Guardian Name(s): \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you been accepted into a college or technical school?  Yes  No

If yes, School Name, City, and State: \_\_\_\_\_

Please include a copy of your acceptance notification with this application.

8. Why did you choose this school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. What is your anticipated field of study? \_\_\_\_\_

10. What do you expect to be doing five years from now? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Awards/Honors Received** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**12. School Activities**

Activity or Interest	Grade Level			Approx. Time Spent		Position Held, Honors Won
	10	11	12	Hrs./wk.	Wks./Yr.	

**13. Community Involvement**

Activity or Interest	Grade Level			Approx. Time Spent		Position Held, Honors Won
	10	11	12	Hrs./Wk.	Wks./Yr.	

**14. Work Experience**

Job(s) Held	Employer	Approx. Dates of Employment	Hours Worked/Week

Will you seek work while attending school? \_\_\_\_\_

**15. Attach a typed, one page, double-spaced discussion of your goals and expectations for furthering your education and the role Head Start played in your development.**

**16. Please include a photo from your Head Start experience, or a picture of you at four years of age, along with your senior high school picture. These will be returned.**

**17. Please include a letter of recommendation from either a guidance counselor or teacher.**