



# PENNSYLVANIA HEAD START ASSOCIATION

PARENTS, STAFF, ADMINISTRATORS AND FRIENDS AFFILIATED FOR CHILDREN

Wendy King - Board President

Blair Hyatt - Executive Director

## ATTENTION: GRADUATING HIGH SCHOOL SENIORS JEFF KOPPEL MEMORIAL HEAD START SCHOLARSHIP COMPETITION

*The Pennsylvania Head Start Association is pleased to announce the annual merit-based, competitive scholarship program for former Head Start students graduating in June 2021 and continuing their education.*

### ELIGIBILITY GUIDELINES:

1. Previous participation in a Head Start program
2. Acceptance (or pending acceptance) in an institution or program of higher learning, i.e. college, vocational school, or trade school
3. Guidance Counselor or Teacher recommendation
4. Complete application form with all required attachments

Only complete applications on designated forms with all required information will be considered. Please complete all sections; if not applicable, indicate by "N/A". Incomplete or inaccurate information could jeopardize eligibility.

### SELECTION CRITERIA:

1. Academic performance
2. Extracurricular activities
3. Community involvement
4. Personal achievements and leadership roles
5. All other information on the completed application

### SUBMISSION:

All applications packets **must be received by 4:00 p.m. on Friday February 26, 2021.**

### Complete application packets include 2 Parts:

#### Part I:

Application

#### Part II:

Photos (Head Start (preschool) and High School)  
Guidance Counselor or Teacher Letter of Recommendation  
High School Transcript  
Copy of SAT or ACT Scores; if applicable for education  
College Acceptance Notification  
One-page essay (see page 4 for details)

All completed applications and attachments (Parts I and II) may be submitted via mail, email, or a combination of the two options. Incomplete application packets will not be accepted. **PLEASE NOTE:** If you fill out the scholarship application on our website, you must print or email the completed application along with all required attachments to the mailing address or email address listed below.

### For submission via mail:

Subject: Jeff Koppel Memorial HS Scholarship Fund  
PA Head Start Association  
415 Market Street, Suite 206A  
Harrisburg, PA 17101

### For submission via email:

stateoffice@paheadstart.org

Applications will be reviewed by the Scholarship Committee of the PA Head Start Association. Notice of scholarship award will be made by March 12. Notification of decisions will be mailed March 15.



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## SCHOLARSHIP APPLICATION

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.

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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, based upon the criteria as set forth in the application, will be final. I also acknowledge that adherence to the deadline for submission of applications will be strictly adhered to and that applications received by the Pennsylvania Head Start Association after the stated deadline for submission will not be accepted.

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

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

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## JEFF KOPPEL MEMORIAL HEAD START SCHOLARSHIP APPLICATION

1. Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

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

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

Location of Center Attended (if known): \_\_\_\_\_

Name of Head Start Teacher (if known): \_\_\_\_\_

Attendance will be confirmed, so please include details and any documentation you might have: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

7. Are you the first member of your immediate family to attend college?  Yes  No

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

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

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

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

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

12. Please add any additional information you would like to share. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### 13. School Activities

Activity or Interest	Grade Level				Approx. Time Spent		Position Held, Honors Won
	9	10	11	12	Hrs./wk.		

### 14. Community Involvement

Activity or Interest	Grade Level				Approx. Time Spent		Position Held, Honors Won
	9	10	11	12	Hrs./Wk. or	Days/Month	

### 15. Work Experience

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

Will you seek work while attending school?  Yes  No

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16. 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.
17. 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. Original copies will be returned.
18. Please include one letter of recommendation from either a guidance counselor or teacher.

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### STUDENT INFORMATION FORM For Authorization of Release of Information by School

Name of Student (please print) \_\_\_\_\_ Home Address \_\_\_\_\_

I am the parent/guardian of the above-named student who is an applicant for a Pennsylvania Head Start Association Scholarship. Selection of winners is based, in part, on the information listed below and I hereby authorize you to release it to the selection committee.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

#### Instructions: (Section below to be completed by high school official.)

A transcript of the student's grades and academic achievement must be submitted with this form.

#### 1. Test Scores:

<u>Test</u>	<u>Score</u>
SAT/ACT (Total Score)	_____
Other _____ (Name of Test)	_____

2. Class Rank: \_\_\_\_\_ in class of \_\_\_\_\_ as of \_\_\_\_\_.  
(Number) (Class Size) (Date)

3. GPA: \_\_\_\_\_

#### 4. Guidance Counselor Certification:

Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Please print current District Superintendent's Name: \_\_\_\_\_

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