

Luzerne County Head Start, Inc.  
23 Beekman Street  
Wilkes-Barre, PA 18702

Phone: 570-829-6231/800-551-5829  
Fax: 570-829-6580  
Website: [www.ltheadstart.org](http://www.ltheadstart.org)  
Email: [ichsscholarship@hsweb.org](mailto:ichsscholarship@hsweb.org)

**ATTENTION: GRADUATING HIGH SCHOOL SENIORS  
LUZERNE COUNTY HEAD START SCHOLARSHIP COMPETITION**

Luzerne County Head Start, Inc. is pleased to announce the 38th annual merit-based, competitive scholarship program for former Head Start students graduating in June 2024 and continuing their education.

**ELIGIBILITY GUIDELINES:**

1. Previous participation in a Head Start program
2. 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. Applicants may be asked to meet with the Scholarship Committee prior to the awarding of scholarships.

**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 application packets **must be received by 4:00 p.m. on Friday, January 26, 2024.**

**Complete application packets include 2 Parts:**

<u>Part I:</u>	<u>Part II:</u>
Application	Photos (Head Start and High School)
	Guidance Counselor or Teacher Letter of Recommendation
	High School Transcript
	Copy of SAT Scores, if applicable
	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, e-mail, 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 e-mail the completed application along with all required attachments to the mailing address or e-mail address listed below. The application *will not* be automatically submitted, once complete.

**For submission via mail:**

Susan Snyder, Administrative Assistant  
Luzerne County Head Start, Inc.  
23 Beekman Street  
Wilkes-Barre, PA 18702

**For submission via email:**

[ichsscholarship@hsweb.org](mailto:ichsscholarship@hsweb.org)

Applications will be reviewed by the Scholarship Committee of the Head Start Board of Directors. The Board of Directors will approve the final selection of recipients. Notification of decisions will be emailed in **April of 2024**. Students will be presented with their scholarship awards at LCHS's annual alumni scholarship luncheon on Monday, May 13, 2024 at Mohegan Sun Pocono.

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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 and Board of Directors, 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 Luzerne County Head Start after the stated deadline for submission will not be accepted.

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

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

**LUZERNE COUNTY HEAD START, INC.  
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 Center Attended: \_\_\_\_\_

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

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

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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**15. Work Experience**

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

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

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

**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 Luzerne County Head Start 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, if applicable (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:** \_\_\_\_\_

\*Please print out this form when complete and obtain all necessary signatures. This application and all required attachments should then be mailed or emailed to LCHS. If you have any questions, please call 570-829-6231 or email Lindsey Fredericks, lindseyf@hsweb.org or Susan Snyder, susans@hsweb.org.