

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

Phone: 570-829-6231/800-551-5829
Fax: 570-829-6580
Website: www.lchheadstart.org
Email: ichsscholarship@hsweb.org

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

Luzerne County Head Start, Inc. is pleased to announce the 39th annual merit-based, competitive scholarship program for former Head Start students graduating in June 2025 and continuing their education.

ELIGIBILITY GUIDELINES:

1. Previous participation in a Head Start program
2. Acceptance to a college/university or vocational/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. **If you are awaiting acceptance letters or undecided on a school, you may still apply for the scholarship and provide this information at a later date.**

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 p.m. on Friday, January 24, 2025.**

Complete application packets include two parts:

<u>Part I:</u>	<u>Part II:</u> See pages 4-5 for details
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

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. The application *will not* be automatically submitted, once complete.

For submission via mail:

Brooke Williams, Community Advocate
Luzerne County Head Start, Inc.
23 Beekman St.
Wilkes-Barre, PA 18702

For submission via email:

ichsscholarship@hsweb.org

Applications will be reviewed by the Scholarship Committee of the LCHS Board of Directors. The Board of Directors will approve the final selection of recipients. Notification of decisions will be emailed in **April 2025**. Students will be presented with their scholarship awards at the LCHS 60th Anniversary Luncheon on **May 19, 2025**, at Mohegan Pennsylvania.

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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.

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. Full 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	Approximate 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. Attach a photo from your Head Start experience, or a picture of you at 3-4 years old, along with your current photo. Photos must be in color. It is preferred that you email photos in a digital format. All hard copies will be returned. PLEASE NOTE: These photos will be printed in the scholarship program booklet, displayed at the awards ceremony, and posted on the LCHS social media and website.

18. Attach a letter of recommendation from either a guidance counselor or teacher.

19. Attach a copy of your college acceptance letter(s).

20. How did you hear about this scholarship opportunity? _____

**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: _____

Superintendent 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 contact Brooke Williams at 570-829-6231 ext. 356 or brookew@hsweb.org.