

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

Phone: 570-829-6231
Fax: 570-829-6580
Website: lheadstart.org
Email: lcchsscholarship@hsweb.org

2027 HEAD START ALUMNI SCHOLARSHIP COMPETITION

Luzerne County Head Start is inviting eligible high school seniors to apply for its merit-based, competitive scholarship program. Funded by businesses, organizations and individuals in the community, this scholarship opportunity honors the achievements of former Head Start students who are set to graduate and continue their education. Recipients are selected based on academic performance, personal achievements, leadership, motivation, and involvement in their school and community.

APPLICATION DEADLINE: January 22, 2027, at 4 p.m. Notification of decisions will be emailed in April 2027. Students will be presented with their scholarship awards at the LCHS Anniversary Luncheon on May 24, 2027, at Mohegan Pennsylvania in Wilkes-Barre.

ELIGIBILITY GUIDELINES:

1. High school senior graduating in June 2027 and planning to pursue higher education
2. Previous participation in a Luzerne County Head Start program*
3. Acceptance to a college/university or vocational/trade school*
4. Complete application with all required attachments

**Students living in school districts served by LCHS, who attended Head Start/Early Head Start in other areas, are eligible. Those who attended Pre-K Counts (LCHS program ONLY) may also apply.*

**If you are awaiting acceptances or are undecided on a school, you may still apply for the scholarship and provide this information at a later date. Funds will be withheld until this information is provided.*

SUBMISSION CHECKLIST: (See next pages for details)

- ☐ Application (all 5 pages completed)
- ☐ 1-page essay
- ☐ Letter of recommendation (teacher/guidance counselor)
- ☐ High school transcript
- ☐ Standardized test scores, if applicable (SAT/ACT)
- ☐ College acceptance notification(s)
- ☐ Photos from early childhood and present day

Email your application to lcchsscholarship@hsweb.org by the deadline. Only complete applications on designated forms with all required information and attachments will be considered. If a section is not applicable to you, indicate by "N/A." Incomplete or inaccurate information could jeopardize eligibility.

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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 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 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: _____

**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. _____

13. Extracurricular Activities (if applicable) *in school or outside of school

<i>Activity (sports, arts, clubs, etc.)</i>	<i>Grade Level</i>				<i>Approximate Time Spent</i>		
	9	10	11	12	<i>Months per year</i>	<i>Hours per week, or days per month</i>	<i>Positions held, honors won, other details</i>
	☐	☐	☐	☐			
	☐	☐	☐	☐			
	☐	☐	☐	☐			
	☐	☐	☐	☐			
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	☐	☐	☐	☐			
	☐	☐	☐	☐			

14. Community Service (if applicable)

<i>Volunteer Activity</i>	<i>Grade Level</i>				<i>Approximate Time Spent</i>		
	9	10	11	12	<i>Months per year</i>	<i>Hours per week, or days per month</i>	<i>Positions held, honors won, other details</i>
	☐	☐	☐	☐			
	☐	☐	☐	☐			
	☐	☐	☐	☐			
	☐	☐	☐	☐			
	☐	☐	☐	☐			
	☐	☐	☐	☐			
	☐	☐	☐	☐			
	☐	☐	☐	☐			

15. Work Experience (if applicable)

<i>Job</i>	<i>Employer</i>	<i>Duties</i>	<i>Approximate dates of employment</i>	<i>Hours per week</i>

16. Family Commitments (if applicable)

<i>Responsibility (babysitting a younger sibling, managing household chores, caring for a sick relative, etc.)</i>	<i>Grade Level</i>				<i>Approximate Time Spent</i>	
	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>	<i>Months per year</i>	<i>Hours per week, or days per month</i>
	☐	☐	☐	☐		
	☐	☐	☐	☐		
	☐	☐	☐	☐		

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

PLEASE MAKE SURE TO INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- **Essay** (typed, one-page, double-spaced) discussing your goals and expectations for furthering your education and the role Head Start played in your development.
- **Letter of recommendation** from either a teacher or guidance counselor.
- **College acceptance letter(s)**.
- **Photo from your Head Start experience**, or a picture of you at 3-5 years old, along with your **current photo**. If you are awarded a scholarship, these photos will be printed in the luncheon program booklet, displayed at the awards ceremony, and posted on the LCHS social media and website.