

Neighbors In Need of Services, Inc. (NINOS)
Head Start/Early Head Start Policy Council Scholarship

Current or Former Head Start Parent Application

Name of Applicant: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s) :() _____ E-mail Address: _____

Name of the Head Start Center Child Attends *or* Attended: _____
Center Name City Year (s) Attended

EACH APPLICANT MUST COMPLETE THE FOLLOWING INFORMATION:

- I. Proof of child attendance to the Early or Regular Head Start Program - Copy of certificate or letters from staff.
- II. High School or College attended: _____
- III. Date of graduation, High School/GED: _____
- IV. Three (3) letters of reference (preferably one from each of the following: teacher, counselor and principal/clergy). Letters must be signed.
- V. Letter of acceptance or evidence that you have applied or are currently enrolled in college or a vocational school.
- VI. Evidence that there is additional means of paying the tuition, etc. either by job, family support, a grant or scholarship.
- VII. Official stamped letter stating GPA, class standing or present ranking (i.e.: top 10%, first quarter, second quarter, etc., of class) in High School Graduating Class from your Counselor or Principal, or GED Scores.
- VIII. Is a member of your family a current or former employee of the NINOS, Inc. Head Start Program?
Yes: _____ No: _____ Name: _____
- IX. Have you ever applied or received a NINOS, Inc. Head Start Scholarship before?
Yes: _____ If yes, how many? _____ When: _____ No: _____
- X. Proof of Community Services.

General Information:

All Applicants:

1. Must have been a participant as parent in the NINOS, Inc. Head Start/Early Head Start Program in Cameron or Willacy Counties for at least one (1) school year.
2. Must meet attached income guidelines; provide proof of household income with W-2, Tax Return, Check Stub, etc. If using check stubs, indicate number of working hours per week.
3. **Former or Current Early or Regular Head Start Parents** applying may be attending a minimum of two (2) classes per semester or be attending college full-time.
4. Must be a resident of NINOS, Inc. service area. If student is attending college out of service area, they must reside in Cameron or Willacy Counties.
5. Must submit a 300 word typed 12 font essay stating why financial assistance is necessary.
6. Must submit a 200 word typed 12 font essay stating personal goals.
7. Can only receive 2 (two) NINOS, Inc. scholarships while enrolled in college.

A distinguished panel of committee members will make the final selection. Incomplete applications will not be considered.

**Neighbors In Need of Services, Inc. (NINOS)
Head Start/Early Head Start Policy Council Scholarship**

Former Head Start Student Application

Name of Applicant: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s) :() _____ E-mail Address: _____

Parents' Name: _____

Name of Head Start Center Attended: _____

Center Name City Year(s) Attended

EACH APPLICANT MUST COMPLETE THE FOLLOWING INFORMATION:

- I. Proof of attendance to the NINOS Inc. Early or Regular Head Start Program - Copy of certificate or letters from staff.
- II. High School/College attended: _____
- III. Date of graduation, High School/GED: _____
- IV. Three (3) letters of reference (preferably one from each of the following: teacher, counselor, and principal/clergy). Letters must be signed.
- V. Letter of acceptance or evidence that you have applied or are attending college or a vocational school.
- VI. Evidence that there is additional means of paying the tuition, etc. either by job, family support, a grant or scholarship.
- VII. Official stamped letter stating GPA, class standing or present ranking (i.e.: top 10%, first quarter, second quarter, etc., of class) in High School Graduating Class from your Counselor or Principal, or GED Scores
- VIII. Is any member of your family a current or former employee of the NINOS, Inc. Head Start Program?
Yes: _____ No: _____ Name: _____
- IX. Have you ever applied and/or received a NINOS, Inc. Head Start Scholarship before?
Yes: _____ How many? _____ When: _____ No: _____
- X. Proof of Community Services.

General Information:

All Applicants:

- 1. Must have been a participant as a student in the NINOS, Inc. Head Start Program in Cameron or Willacy Counties for at least one (1) school year.
- 2. Must meet attached income guidelines; provide proof of household income with W-2, Tax Return, Check Stub, etc. If using check stubs, indicate number of working hours per week.
- 3. Former Head Start students applying must be attending college full time.
- 4. Must be a resident of NINOS, Inc. service area. If student is attending college out of service area, parents must reside in Cameron or Willacy Counties.
- 5. Must submit a 300 word 12 font typed essay stating why financial assistance is necessary.
- 6. Must submit a 200 word 12 font typed essay stating personal goals.
- 7. Can only receive 2 (two) NINOS Inc., scholarships while enrolled in college.

A distinguished panel of committee members will make the final selection. Incomplete applications will not be considered.