# STATE CONFIRMATION FORM

- Oregon Head Start programs are asked to complete this form and attach it as a face page to applications submitted to the state association.

Date _____

Program Name _____

Name of Director _____

Name of Scholarship Chairperson _____

Chairperson Contact Phone/Email _____

I confirm that our program is submitting the attached applications to the OHSA for the OHSA Scholarships. All submitted applications have been reviewed to ensure they meet the requirements.

Note the **number** of applications that are attached.

*Each program will turn in a single state confirmation form as all the applications are to be turned in at the same time. The numbers ensure we have the correct amount of scoring sheets and have not misplaced any applications.*

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|---|
| ___Ken Lyday Memorial Scholarship For **Staff** |
| ___Frank Roberts Memorial Scholarship For **Parents** |
| ___Richard C. Alexander Scholarship For **Early Head Start** |
| ___Frank Roberts Scholarship for **High School Senior** |

_____ _____

Director or Scholarship Chair Signature Date

Submit form with Scholarship Applications:

Oregon Head Start Association
9140 SW Pioneer Ct, Ste E
Wilsonville, OR 97070
www.ohsa.net