FRANK ROBERTS MEMORIAL SHOLARSHIP FOR GRADUATING SENIORS
APPLICATION FORM

Please be sure to complete this form in its entirety. All fields are required. Type or print neatly.

Name of Applicant _____ Date _____
Applicant's Mailing Address _____
City _____ Zip Code _____
Phone _____ Email Address _____

Identify when and where applicant was enrolled in a Head Start program:

Dates applicant was enrolled in Head Start_____
Name of Head Start program applicant attended_____
Mailing Address _____
City _____ State _____ Zip Code _____

SUBMISSION CHECKLIST

Applicant: Please check each box to confirm that two complete sets of all required materials are included in your submission packet:

- ☐ Completed application form (in English)
- ☐ Category responses
  - Impact of Head Start experience on applicant and applicant's family
  - Statement of personal goals/aspirations
- ☐ Three letters of reference:
  - Teacher/Supervisor/Counselor
  - Personal
  - Community Member

Mailed applications must be received at the association office (address below) no later than the Friday before the May state meeting. Applications may be **hand delivered** to Emily Olson or Nancy Perin at the OHSA May state meeting by 2:00 pm on Wednesday.

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