



Mary Alice Buchanan Memorial Scholarship
Sponsored by the Illinois Head Start Association

Award

This award is to support any parent, former Head Start child, or staff member working towards completion of a Bachelor’s degree in Early Childhood Education

The Mary Alice Buchanan Memorial Scholarship winner will receive a \$750 education scholarship. The \$750 will be paid directly to the educational institution of the winner’s choice. The winner will receive notification and recognition at the March IHSA Annual Training Conference in Springfield.

Criteria for Selection

1. Must be a past or present parent, staff or former Head Start child.
2. Must provide proof of on-going college enrollment in Early Childhood Education by submission of college transcript(s).
3. Must provide three (3) written letters of reference from persons other than a family member.
4. Must have Head Start Director’s signature.
5. Agency must have current IHSA agency membership status.
6. Must write a one (1) page typed, double spaced essay describing why the scholarship would benefit the applicant.

Rating Criteria:	Maximum points
1. Present or past parent, staff or Head Start child.....	required
2. Proof of ongoing college enrollment.....	10 points
3. Three letters of reference.....	30 points
4. Essay.....	30 points
5. Completion of application.....	30 points
TOTAL POINTS.....	100 points

The IHSA Scholarship Committee will make the final selection. Judges will consider quality and completeness of application. **Faxes will not be accepted.**

Submit applications by February 2, 2007 to:

**Illinois Head Start Association
3435 Liberty Drive
Springfield, IL 62704
(217) 241-3511**



APPLICATION FORM
Mary Alice Buchanan Memorial Scholarship
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Be sure to fully complete the application. Please print or type clearly. Attach written essay.

Name of applicant _____

Social Security Number _____ - _____ - _____

Address _____

City, State, Zip _____

Phone _____ E-mail _____

Name of Head Start program _____

Address of local Head Start program _____

Head Start phone _____ Years affiliated with Head Start _____

Position in Head Start: _____ Staff
_____ Past/Present Parent _____ Past Head Start Child

Please fill in completely. Use extra pages if needed:

Level of involvement with Head Start _____

Accredited school or college of your choice _____

Career Goal _____

Director's Signature

Date