

TO: All South Carolina State Head Start Association Members
FROM: Awards Committee Chairperson - Jerome Thompson
SUBJECT: **Awards & Recognition Committee Information**
DATE: January 7, 2015

The South Carolina State Head Start Association will follow the guidelines, criteria and procedures of the Region IV Awards and Scholarships and the National Head Start Association (NHSA) nomination process. Attached are the categories for the 2015 Awards and Recognitions.

Each Head Start Program is asked to submit one (1) nominee for each category to the Awards Committee. A panel of judges will select one (1) winner from each category to be honored during the Annual Spring Conference.

The winners' applications for each category will be forwarded to the Region IV Head Start Association as nominees from the South Carolina Head Start Association.

All winners from the South Carolina State Head Start Association must be an individual member with the Region IV Head Start Association and the National Head Start Association prior to the award packages being submitted to Region IV Awards and Scholarship Committee.

All information must be typed and double-spaced. Please send one (1) original and two (2) copies. Copies should be stapled at the top left side. Originals should be neatly packaged and well organized for judges to review.

Recipients submitting Award(s) MUST ensure the activities are reflective of that current year and not past year unless the criteria specifies.

All programs **must** send a copy of their 2014/2015 Agency Membership Certificate and a copy of the 2014/2015 SCSHSA individual membership card for individuals applying for awards.

All information must be received (not postmarked) by 4:30 p.m. March 20, 2015, to qualify. No faxed or e-mailed applications will be accepted.

Send all information to:

**Ms. Mary Lynne Diggs, Director
SC Head Start Collaboration Office
1535 Confederate Avenue
3rd Floor
Columbia, South Carolina 29201**

Your cooperation is greatly appreciated.
Contact Jerome Thompson at (864) 505-3467 with any question or concerns.

2015 Awards & Recognition

Categories for the South Carolina State Head Start Association

1. Against all Odds Award
2. Parent of the Year Award
3. Administrator of the Year Award- Grantee Executive Director
4. Scholarship for Head Start Parents
5. Promoting Oral Health
6. Father of the Year Award
7. Humanitarian Award
8. Achievement Award for Head Start Disability Services Coordinator
9. Corporate Award
10. Leadership Award
11. Thelma Brown Leadership Award
12. Scholarship for Head Start Graduates
13. Support Staff of the Year Award- Administrative Support
14. Staff of the Year – Parent/Family Community Engagement Professional
15. Teacher of the Year Award(Center or Home Base)
16. Award for the Hearing Impaired

SOUTH CAROLINA STATE HEAD START ASSOCIATION

Confirmation Form

Please return this form with the award applications.

Head Start Program _____ Date _____

Head Start Director _____

Address _____

City, State, Zip _____

Phone _____ Fax _____ E-mail _____

This confirms we are submitting copies for the following applications for the 2015 SCSHSA Awards and Scholarships and have checked those boxes that apply.

- 1. Against all Odds Award
- 2. Parent of the Year Award
- 3. Administrator of the Year Award- Grantee Executive Director
- 4. Scholarship for Head Start Parent
- 5. Promoting Oral Health
- 6. Father of the Year Award
- 7. Humanitarian Award
- 8. Achievement Award for Head Start Disability Services Coordinator
- 9. Corporate Award
- 10. Leadership Award
- 11. Thelma Brown Leadership Award
- 12. Scholarship for Head Start Graduate
- 13. Support Staff of the Year Award- Administrative Support
- 14. Staff of the Year Award- Parent/Family Community Engagement Professional
- 15. Teacher of the Year Award (Center or Home Base)
- 16. Award for the Hearing Impaired

Signature of Head Start Director

Date

Against all Odds Award

This award recognizes a Head Start parent who has overcome significant challenges on the journey to self-sufficiency. The award recipient will receive a commemorative plaque and \$50.00 Award.

Award Criteria

Failure to meet any of the criteria below will result in automatic elimination.

1. Applicant must be a Head Start parent and not a paid employee during the 2014-2015 school year.
2. **Information and activities are reflective of the current years and not past years.**
3. Applicant must have volunteered in the Head Start program.
4. The program must be a current member of SCSHSA.
5. Applicant must be an individual member of SCSHSA.
6. Applicant must be a contributor to the Children Advocacy Fund.
7. All questions must be answered in their entirety.
8. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, please type your answers to the following question. The maximum point value for each question is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (10 points) List any positions you have held (center committee, policy council, and so on) and the number of volunteer hours you have contributed in the 2014-2015 program year.
3. (30 points) Self-sufficiency: Describe how you have overcome obstacles, persevered through hardships, and participated in steps toward self-sufficiency.
4. (30 points) Career advancement: Describe the steps you have taken, or programs you have participated in that have led toward career advancement.
5. (25 points) Statement of goals: Describe in 300 words or less (no more than one typewritten, double-spaced page) the goals/aspirations you have for your career, education and future.

Against all Odds Award

Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee

Social Security # (123-xx-x123)

Today's Date

Mailing Address of Nominee

City

State

Zip

Name of Head Start Director

Phone

Fax

E-mail

Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City

State

Zip

Phone

Fax

Submission Check List

Please check each box to indicate that all required materials are attached.

- Your complete Application form
- Questionnaire responses

Parent of the Year Award

This award acknowledges and promotes the outstanding contribution of a Head Start parent in your program and the community at-large. The award recipient will receive a commemorative plaque and \$50.00 Award.

Award Criteria

Failure to meet any of the criteria below will result in automatic elimination

1. Applicant must be a Head Start parent and not a paid employee during the 2014-2015 school year.
2. **Information and activities are reflective of the current years and not past years.**
3. Applicant must have volunteered in the Head Start program.
4. The program must be a current member of SCSHSA
5. Applicant must be an individual member of SCSHSA
6. Applicant must be a contributor to the Children Advocacy Fund
7. All questions must be answered in their entirety.
8. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, please type your answers to the following question. The maximum point value for each question is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (10 points) List any positions you have held (center committee, policy council, and so on) and the number of volunteer hours you have contributed in the 2014-2015 program year.
3. (30 points) Self-sufficiency: Describe how you have overcome obstacles, persevered through hardships, and participated in steps toward self-sufficiency.
4. (30 points) Career advancement: Describe the steps you have taken, or programs you have participated in that have led toward career advancement.
5. (25 points) Statement of goals: Describe in 300 words or less (no more than one typewritten, double-spaced page) the goals/aspirations you have for your career, education and future.

Parent of the Year Award

Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee Social Security # (123-xx-x123) Today's Date

Mailing Address of Nominee

City State Zip

Name of Head Start Director

Phone Fax E-mail

Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City State Zip

Phone Fax

Submission Check List

Please check each box to indicate that all required materials are attached.

- Your complete Application form
- Questionnaire responses

Administrator of the Year Award – Grantee Executive Director

This award is for the individual who serves as the Grantee Executive Director. The award recipient will receive a commemorative plaque.

Award Criteria

Failure to meet any of the criteria below will result in automatic elimination.

1. Applicant must serve as the Grantee Executive Director.
2. The program must be a current member of the SCSHSA.
3. Applicant must be an individual member of the SCSHSA.
4. **Information and activities are reflective of the current years and not past years.**
5. Applicant must be a contributor to the Children Advocacy Fund.
6. Applicant must be a program employee for at least three years.
7. Applicant must have at least a bachelor's degree.
8. Three letter of reference must be included with the application.
9. All questions must be answered in their entirety.
10. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, please type your answers to the following question. The maximum point value for each question is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (5 points) Length of service in the program: What year did you start? What positions have you held, and so on?
3. (15 points) Training, qualifications, and credentials: At what level did you begin? What training, appropriate to your position, have you acquired? What credentials do you possess, and so on?
4. (15 points) Mobilization of resources and collaboration: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program.
5. (20 points) Quality and provision of services: Describe activities in your Head Start program or community that are unique and meet or surpass the Program Performance Standards.
6. (30 points) Describe in 500 words or less (no more than two typewritten, double space pages) any special contributions you have made to the program that have a positive impact on services to the total program. Please be very specific.

Letters of Reference (10 points)

Include three letters of reference from people who know you in the following capacity:

- a) Supervisor
- b) Personal
- c) Community

Note: Judges will rate the overall effectiveness of the letters. However, applications that do not include all three references will not be considered for this award.

Administrator of the Year Award – Grantee Executive Director

Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee	Social Security # (123-xx-x123)	Today's Date
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Mailing Address of Nominee

City	State	Zip
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Name of Head Start Director

Phone	Fax	E-mail
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Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City	State	Zip
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Phone	Fax
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Submission Check List

Please check each box to indicate that all required materials are attached and send to your local Head Start Center.

- Your complete Application form
- Questionnaire responses

Scholarship for Head Start Parents

This scholarship is designed to recognize a Head Start parent who is making significant contributions to their community and to encourage their continuing education at an institution of higher learning. The award recipient will receive a commemorative plaque and \$200.00 to be applied to an institution of higher learning and a \$50.00 award.

Award Criteria

Failure to meet any of the criteria below will result in automatic elimination.

1. Applicant must be a Head Start parent and not a paid employee during the 2014-2015 school year.
2. Applicant must have volunteered in the Head Start program during the 2014-2015 school year.
- 3. Information and activities are reflective of the current years and not past years.**
4. Applicant must be an individual member of the SCSHSA.
5. The program must be a current member of SCSHSA.
6. Applicant must be a contributor to the Children Advocacy Fund.
7. All questions must be answered in their entirety.
8. A current copy of your transcript.
9. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, please type your answers to the following question. The maximum point value for each question is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (25 points) Special contributions: Describe in 300 words or less (no more than one typewritten, double space page) services contributed by the parents, accomplishments of the parent, and/or activities related to the continuous personal and career development of the parent. Include any Head Start positions held by the parent.
3. (40 points) Personal goals: The applicant should write a statement of personal goals no more than 200 words in length.
4. **Letters of Reference (30 points)**
Include three letters of reference from people who can verify the parent's work, volunteer service, and/or career activities. Letters will be judged by specific information and should be no more than one typewritten page.

Note: Judges will rate the overall effectiveness of the letters. However, applications that do not include all three references will not be considered for this award.

Scholarship for Head Start Parents

Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee	Social Security # (123-XX-X123)	Today's Date
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Mailing Address of Nominee

City	State	Zip
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Name of Head Start Director

Phone	Fax	E-mail
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Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City	State	Zip
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Phone	Fax
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Submission Check List

Please check each box to indicate that all required materials are attached and send to your local Head Start Center.

- Your complete Application form
- Questionnaire responses
- Proof of acceptance or enrollment in an institution of higher learning
- Three letter of reference

Oral Health Award

This award recognizes exceptional leadership and commitment toward improving the oral health of Head Start children and their families. The Head Start program receiving this award will receive a commemorative plaque.

Award Criteria

Failure to meet any of the criteria below will result in automatic elimination.

1. Applicant must be a Head Start program that sufficiently outlines how this award will be used to promote oral health practices in the classroom, including parent involvement and utilization of the Colgate, Bright Smiles, and Bright Futures program.
2. **Information and activities are reflective of the current years and not past years.**
3. The program must be a current member of SCSHSA.
4. All questions must be answered in their entirety.
5. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, please type your answers to the following question. The maximum point value for each question is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (20 points) Need: Describe the current oral health activities in your local programs, the size of your program, and discuss the need to enhance your present efforts.
3. (30 points) Activities: Describe what activities you plan to implement with the help of this award and the benefit students will receive from these activities.
4. (5 points) Bright Smiles, Bright Futures: Discuss how the Bright Smiles, Bright Futures program will be utilized as part of your programming efforts.
5. (20 points) Parent Involvement: Describe how parents will be involved in oral health activities and the benefits they will receive from changes to the program's oral health practices.
6. (20 points) Program goals: Outline your program's short-term and long-term goals as they pertain to oral health practices in your program.

Oral Health Award

Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee

Today's Date

Mailing Address of Nominee

City

State

Zip

Name of Head Start Director

Phone

Fax

E-mail

Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City

State

Zip

Phone

Fax

Submission Check List

Please check each box to indicate that all required materials are attached and send to your local Head Start Center.

- Your complete Application form
- Questionnaire responses

Award for the Hearing Impaired

This award recognizes a hearing impaired individual who is making significant contributions to their community and to encourage their continuing education at an institution of higher learning. The award recipient will receive a commemorative plaque and \$50.00 award.

Award Criteria

Failure to meet any of the criteria below will result in automatic elimination.

1. Applicant must be a hearing impaired student.
2. The program must be a current member of SCSHSA.
- 3. Information and activities are reflective of the current years and not past years.**
4. Applicant must be a contributor to the Children Advocacy Fund.
5. Applicant must be an individual member of the SCSHSA.
6. Applicant must prove acceptance or enrollment in an institution of higher learning.
7. Three (3) letters of reference must be included with the application.
8. All questions must be answered in their entirety.
9. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, please type your answers to the following two questions. The maximum point value for each question is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (25 points) Statement of financial need: Describe how this scholarship will enable you to be successful in your chosen degree program.
3. (40 points) Statement of goals: Describe in 300 words or less (no more than one typewritten, double spaced page) the goals/aspirations you have for furthering your education and the role Head Start has played in your education.

Letters of Reference (30 points)

Include three letters of reference from people who can verify the student's work, volunteer service, and other activities. Letters will be judged by specific information and should be no more than one typewritten page.

Note: Judges will rates the overall effectiveness of the letters, however, applications that do not include all three references will not considered for this award.

Award for the Hearing Impaired

Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee

Social Security # (123-XX-X123)

Today's Date

Mailing Address of Nominee

City

State

Zip

Name of Head Start Director

Phone

Fax

E-mail

Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City

State

Zip

Phone

Fax

Submission Check List

Please check each box to indicate that all required materials are attached and send to your local Head Start Center.

- Your complete Application form
- Questionnaire responses
- Proof of acceptance or enrollment in an institution of higher learning
- Three letters of reference

Father of the Year Award

This award honors a Head Start father who has demonstrated the ability to serve as role models for his children and to make a positive difference in the community. The award recipient will receive a commemorative plaque and \$50.00 award.

Award Criteria

1. Nominee must be the father of a child or children in Head Start during the 2014-2015 school year. The Program Performance Standards 1306.3(h) definition of a father will be adhered to.
2. Nominee must model increased educational involvement and personal responsibility in the live of his own children as well as improved personal development resulting from his Head Start experience.
3. **Information and activities are reflective of the current years and not past years.**
4. Applicant must be an **individual member of SCSHSA.**
5. The program must be a **current member of SCSHSA.**
6. Applicant must be a **contributor to the Children Advocacy Fund.**
7. All questions must be answered in their entirety.
8. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, please type your answers to the following question. The maximum point value for each question is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (15 points) Volunteering: Describe the ways you volunteered or worked in a Head Start program.
3. (20 points) Participation: Describe the Head Start activities in which you participated with your child or children.
4. (30 points) Development: Describe how the fatherhood program has helped you develop personally.
5. (20 points) Personal statement: Describe in 300 words or less (no more than one typewritten, double space page) why you should be selected as the head Start Father of the Year. Please be very specify.

Letter of Reference(10 Points)

Include three letters of reference from people who know you in the following capacities:

- a) Two letters must be from people who know you as a Head Start volunteer/employee and/or fatherhood program participant.
- b) The third letter may be personal

Note: Judges will rate the overall effectiveness of the letters, however, applications that do not include all three references will not be considered for this award.

Father of the Year Award

Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee	Social Security # (123-XX-X123)	Today's Date
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Mailing Address of Nominee

City	State	Zip
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Name of Head Start Director

Phone	Fax	E-mail
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Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City	State	Zip
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Phone	Fax
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Submission Check List

Please check each box to indicate that all required materials are attached.

- Your complete Application form
- Questionnaire responses
- Three letters of reference

Humanitarian of the Year Award

This award was established to recognize an individual who utilizes their resources and leadership to help Head Start children and their families, and promote positive in their community. The award recipient will receive a commemorative plaque.

Award Criteria

1. Nominee must be an individual or organization that made a voluntary contribution of time and effort, without regard to religious or ethnic affiliation, that has had a positive impact upon children, families and/or communities.
2. **Information and activities are reflective of the current years and not past years.**
3. The program must be a current member of SCSHSA.
4. Applicant must be an individual member of SCSHSA.
5. Applicant must be a contributor to the Children Advocacy Fund.
6. The contribution must have occurred within, or in preparation for the 2014-2015 school year.
7. All questions must be answered in their entirety.
8. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, please type your answers to the following question. The maximum point value for each question is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (20 points) Need: Describe the situation before the contribution was made.
3. (30 points) Activity: Describe the nominee's activity that met this need, include length of time this person has been involved in this activity and the scope of volunteer services provided.
4. (30 points) Results: Describe the positive results of the nominee's activities, who benefited, and how.
5. (5 points) Enhancement: Support this nomination with letters from interested individuals or organizations. If available, include news reports or other documentation about the contribution.
6. (5 points) Biographical sketch: Describe family, education, hobbies, interests, employment, and anything else you feel is appropriate and that give a broad picture of the nominee, but especially those items relevant to the award. This should be more than 300 words (one typewritten, double spaced page)(5 points) Vantage: Briefly describe the vantage point from which you observed the nominee's contribution. This should be no more than 300 words (on typewritten, double spaced page)

Humanitarian of the Year Award

Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee	Social Security # (123-XX-X123)	Today's Date
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Mailing Address of Nominee

City	State	Zip
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Name of Head Start Director

Phone	Fax	E-mail
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Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City	State	Zip
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Phone	Fax
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Submission Check List

Please check each box to indicate that all required materials are attached and send to your local Head Start Center.

- Your complete Application form
- Questionnaire responses

Achievement Award Head Start Disability Services Coordinator

This award recognizes a Head Start Disability Services Coordinator for exceptional performance in the delivery of services to children with disabilities and supporting parents in their role as advocates for their children. The award recipient will receive a commemorative plaque and \$50.00 award.

Award Criteria

1. Applicant must be a Head Start/Early Head Start Coordinator of Disability Services or in a combined position responsible for disability services.
2. The program must be a current member of SCSHSA.
3. Applicant must be an individual member of SCSHSA.
- 4. Information and activities are reflective of the current years and not past years.**
5. Applicant must be a contributor to the Children Advocacy Fund.
6. Applicant must be a program employee for at least three years.
7. Applicant must have credentials beyond an Associate Degree.
8. Three letters of reference must be included with the application.
9. All questions must be answered in their entirety.
10. All information must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, please type your answers to the following question. The maximum point value for each question is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (10 points) Length of service in program: What year did you start? What positions have you held, and so on?
3. (15 points) Training, qualifications, and credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess, and so on?
4. (15 points) Mobilization of resources and collaboration: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of hour program.
5. (20 points) Quality and provision of services: Describe activities in your Head Start program or community that are unique and meet or surpass the Program Performance Standards.
6. (25 points) Describe in 300 words or less (no more than one typewritten, double spaced page) any special contribution you have made to the program that have had a positive impact on services to the local program. Please be very specific.

Letter of Reference (10 points)

Include three letters of reference from people who know you in the following capacities:

- a) Supervisor
- b) Personal
- c) Community

Note: Judges will rate the overall effectiveness of the letters. However applications that do not include all three references will not be considered for this award.

Achievement Award - Head Start Disability Services Coordinator

Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee	Social Security # (123-XX-X123)	Today's Date
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Mailing Address of Nominee

City	State	Zip
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Name of Head Start Director

Phone	Fax	E-mail
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Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City	State	Zip
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Phone	Fax
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Submission Check List

Please check each box to indicate that all required materials are attached and send to your local Head Start Center.

- Your complete Application form
- Questionnaire responses
- Proof of credentials beyond a high school diploma
- Three letters of reference

Corporate Award

This award was established to recognize a corporation that utilizes their resources and leadership to help Head Start children and their families, and promote positive in their community. The award recipient will receive a commemorative plaque.

Award Criteria

1. Nominee must be a corporation that demonstrates commitment to the goals and objectives of Head Start and/or promote special projects that benefit poor children and their families.
- 2. Information and activities are reflective of the current years and not past years.**
3. The program must be a current member of SCSHSA.
4. All questions must be answered in their entirety.
5. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, respond to the following. The maximum point value is indicated in parentheses. Judges will rate specific, no subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (95 points) Special contributions: Please describe in 300 words or less (no more than one typewritten, double spaced page) the special contribution (s) this company makes that impact Head Start programs, Head Start children and families, or poor children and families throughout the country. Be sure to describe how this company's contributions help fulfill the goals and objectives of Head Start outlined below.

Head Start Goals

1. The overall goal of Head Start program is to bring about a greater degree of social competence in children of low-income families. Social competence, in this regard, refers to the child's everyday effectiveness in dealing with the present environment and later responsibilities in school and life. It takes into account the interrelatedness of cognitive and intellectual development, physical and mental health, nutritional needs, and other factors that enable a developmental approach to helping every child achieve social competence. in order to accomplish this goal, Head Start objectives are:
2. To improve every child's health and physical abilities, including appropriate steps to correct present physical and mental problems and to enhance every child's access to an adequate diet - to improve every family's attitude toward future health care and physical abilities.
3. To encourage self-confidence, spontaneity, curiosity, and self-discipline to assists in the development of every child's social and emotional health.
4. To enhance every child's mental processes and skills with particular attention to conceptual and communication skills.
5. To establish patterns and expectations of success that will create a climate of confidence for present and future learning efforts and overall development.
6. To increase the ability to every child and family to relate to one another and to others.
7. To enhance the sense of dignity and self-worth within every child and family.

Corporate Award

Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee

Today's Date

Mailing Address of Nominee

City

State

Zip

Name of Head Start Director

Phone

Fax

E-mail

Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City

State

Zip

Phone

Fax

Submission Check List

Please check each box to indicate that all required materials are attached and send to your local Head Start Center.

- Your complete Application form
- Questionnaire responses

Leadership Award

This award acknowledges and celebrates an individual who has displayed excellence in leadership as demonstrated by outstanding initiative, impact of work, and inspiration of others. The award recipient will receive a commemorative plaque and \$50.00 award.

Award Criteria

1. Applicant may be a staff member, parent, director, or friend of Head Start.
2. Applicant must demonstrate outstanding leadership qualities while working in some capacity with Head Start, either in the local program, various committees, or association.
3. **Information and activities are reflective of the current years and not past years.**
4. The program must be a current member of SCSHSA.
5. Applicant must be a contributor to the Children Advocacy Fund.
6. Applicant must be an individual member of SCSHSA.
7. All questions must be answered in their entirety.
8. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, please type your answer to the following question. The maximum point value for this question is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (95 points) Leadership qualities: Please describe in 500 words or less (no more than two typewritten, double space pages) the nominee's leadership abilities. Include any unusual obstacles he or she may have encountered, special recognitions received, and any other relevant data to substantiate truly out-standing leadership. Remember, information must be specific, no subjective. Use examples when possible.

Leadership Award

Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee

Social Security # (123-XX-X123)

Today's Date

Mailing Address of Nominee

City

State

Zip

Name of Head Start Director

Phone

Fax

E-mail

Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City

State

Zip

Phone

Fax

Submission Check List

Please check each box to indicate that all required materials are attached and send to your local Head Start Center.

- Your complete Application form
- Questionnaire responses

SOUTH CAROLINA HEAD START ASSOCIATION THELMA BROWN LEADERSHIP AWARD

This award is presented to an individual who demonstrates outstanding leadership qualities while working in some capacity with Head Start either in the local program, various committees or associations. The award recipient will receive a commemorative plaque and \$50.00 award.

AWARD CRITERIA

1. Applicant may be a staff member.
2. Applicant must demonstrate outstanding leadership qualities while working in some capacity with Head Start either in the local program, various committees or associations.
3. Applicant must be an individual member of SCSHSA and contribute to the Children Advocacy Fund.
4. **Information and activities are reflective of the current years and not past years.**
5. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
6. **All information** must be typed. No hand written information will be accepted.

Please include the following information with your application.

A. Letter of recommendation:

The agency nominating the individual should include a letter of recommendation from the Head Start Director or Board of Directors.

- a. A letter of support from a Head Start parent or Policy Council member.
- b. A letter from a colleague familiar with the nominee's work.
- c. A letter from a community organization or collaboration agency.

B. Significant Accomplishments:

Length of service in the program: What year did you start? What positions you held, and so on?

- a. Training qualification and credentials: At what level did you begin? What training, appropriate to your position have you acquired? What credentials do you possess, and so on? Include membership in professional organizations, clubs, association, ect.
- c. Mobilization of resources and collaboration: List activities or projects in which you are (or have been) involved that demonstrates your ability to mobilize necessary resources to provide and enhance services to children and families.

Please include the size of your program.

- d. Innovative projects to improve the quality and provision of services.

All information must be typed and double spaced. Information must not exceed four (4) double spaced pages. This does not include letter of support.

**SOUTH CAROLINA STATE
HEAD START ASSOCIATION
THELMA BROWN LEADERSHIP AWARD
APPLICATION FORM**

Be sure to complete the form below in its entirety. All Fields are REQUIRED. Please type or print clearly.

Name of Nominee

Social Security # (123-XX-X123)

Today's Date

Mailing Address of Nominee

City

State

Zip

Phone

E-Mail

Name of Local Head Start Program

Mailing Address of Local Head Start Program

City

State

Zip

Name of Head Start Director

Phone

Fax

E-Mail

Name of Head Start Grantee *(if different from local program)*

Mailing Address of Head Start Grantee

City

State

Zip

Phone

Fax

Scholarship for Head Start Graduates

This scholarship is designed to recognize a Head Start graduate who is making significant contributions to their community and to encourage their continuing education at an institution of higher learning. The recipient will receive an educational scholarship in the amount of \$200, commemorative plaque and a \$50.00 award.

Award Criteria

1. Applicant must be a former student and graduate of Head Start.
2. The program must be a member of SCSHSA.
3. Applicant must be a member of SCSHSA.
4. **Information and activities are reflective of the current years and not past years.**
5. Applicant must be a contributor to the Children Advocacy Fund.
6. Applicant must prove acceptance or enrollment in an institution of higher learning.
7. Three letter of reference must be included with the application.
8. All questions must be answered in their entirety.
9. A current copy of your transcript.
10. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, please type your answers to the following questions. The maximum point value for each question is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (25 points) Financial need: Include a brief statement of your need for financial assistance.
3. (40 points) Personal statement: Discuss in 300 words or less (no more than one typewriter, double spaced page) your goals and aspirations for furthering your education and the role Head Start have played in your education. Include the years that you attended Head Start.

Letters of Reference (30 points)

Include three letter of reference from people who know the nominee. Letters will be judged on specific information and should be no longer than one typewritten page.

Note: Judges will rate the overall effectiveness of the letters, however, application that do not include all three references will not be considered for this award

Scholarship for Head Start Graduates

Application Form

Be sure to complete the form below in its entirety. All fields are required. Please type or print clearly.

Name of Nominee Social Security # (123-XX-X123) Today's Date

Mailing Address of Nominee

City State Zip

Name of Head Start Director

Phone Fax E-mail

Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City State Zip

Phone Fax

Submission Check List

Please check each box to indicate that all required materials are attached.

- Your complete Application form
- Questionnaire responses
- Proof of acceptance or enrollment in an institution of higher learning
- Three letters of reference

Support Staff of the Year Award – Administrative Support

This award is given to an individual who serves as a secretary/information specialist or data entry specialist in the Head Start program.

Award Criteria

1. The program must be a current member of SCSHSA.
2. Applicant must be an individual member of SCSHSA.
3. **Information and activities are reflective of the current years and not past years.**
4. Applicant must be a contributor to the Children Advocacy Fund.
5. Applicant must be a program employee for at least three (3) years.
6. Applicant must have at least a bachelor's degree.
7. Three letters of reference must be included with the application.
8. All questions must be answered in their entirety.
9. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, respond to the following. The maximum point value is indicated in parentheses. Judges will rate specific, no subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (5 points) Length of service in the program: What year did you start? What positions have you held, and so on?
3. (15 points) Training, qualifications, and credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess, and so on?
4. (15 points) Support services: Describe activities in which you are engaged that demonstrate positive support for the overall Head Start programs.
5. (20 points) Quality and provision of services: Describe your special skills as they impact the work or the program.
6. (30 points) Describe in 300 words or less (no more than one typewritten, double spaced page) any special contributions you have made to the program that have had a positive impact on services to the total program. Please be very specific.

Letter of Reference (10 points)

Include three letters of reference from people who know you in the following capacities:

- a) Supervisor
- b) Personal
- c) Community

Note: Judges will rate the overall effectiveness of the letters, however, applications that do not include all three references will not be considered for this award.

**Support Staff of the Year Award
Application Form**

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee	Social Security # (123-XX-X123)	Today's Date
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Mailing Address of Nominee

City	State	Zip
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Name of Head Start Director

Phone	Fax	E-mail
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Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City	State	Zip
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Phone	Fax	
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Submission Check List

Please check each box to indicate that all required materials are attached and send to your local Head Start Center.

- Your complete Application form
- Questionnaire responses
- Proof of credentials beyond a high school diploma
- Three letters of reference

Staff of the Year Award – Parent/Family Community Engagement Professional

This award is given to an individual who serves as the Parent/Family Community Engagement Professional in the Head Start Program.

The award recipient will receive a commemorative plaque and \$50.00 Award.

Award Criteria

Failure to meet any of the criteria below will result in automatic elimination. .

1. Applicant must serve in the capacity as Nutrition Professional.
2. The application must describe the applicant's responsibilities as Health Professional with emphasis on Nutrition Professional.
- 3. Information and activities are reflective of the current years and not past years.**
4. The program must be a current member of SCSHSA.
5. Applicant must be an individual member of SCSHSA.
6. Applicant must be a contributor to the Children Advocacy Fund.
7. Applicant must be a program employee for at least three years.
8. Applicant must have at least a bachelor's degree.
9. Three letters of reference must be included with the application.
10. All questions must be answered in their entirety
11. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, respond to the following. The maximum point value is indicated in parentheses. Judges will rate specific, no subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (5 points) Length or service in the program: What year did you start? What positions have you held, and so on?
3. (15 points) Training, qualifications, and credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess, and so on?
4. (15 points) Mobilization of resources and collaboration: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program.
5. (20 points) Quality and provision of services: Describe activities in your Head Start program or community that are unique and meet or surpass the Program Performance Standards.
6. (30 points) Describe in 500 words or less (no more than two typewritten, double spaced pages) any special contributions you have made to the program that have had a positive impact on services on the total program. Please be very specific.

Letters of Reference (10 Points)

Include three letters of reference from people who know you in the following capacities:

- a) Supervisor
- b) Personal
- c) Community

Note: Judges will rate the overall effectiveness of the letters, however, applications that do not include all three references will not be considered for this award.

Staff of the Year Award – Parent/Family Community Engagement Professional
Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee	Social Security # (123-XX-X123)	Today's Date
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Mailing Address of Nominee

City	State	Zip
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Name of Head Start Director

Phone	Fax	E-mail
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Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City	State	Zip
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Phone	Fax
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Submission Check List

Please check each box to indicate that all required materials are attached and send to your local Head Start Center.

- Your complete Application form
- Questionnaire responses
- Three letters of reference

Teacher of the Year Award

This award recognizes exemplary teachers who have strong long-range potential for leadership and the ability to inspire a love of learning in young children. This honor was established to elevate the status of the teaching profession at the state and regional level by creating opportunities for recognizing the most accomplished member of the profession. The award recipient will receive a commemorative plaque and a \$50.00 award.

Award Criteria

Failure to meet any of the criteria below will result in automatic elimination.

1. Applicant must serve as a Head Start/Early Head Start home based or center based teacher.
2. The program must be a current member of SCSHSA.
3. Applicant must be an individual member of SCSHSA.
- 4. Information and activities are reflective of the current years and not past years.**
5. Applicant must be a contributor to the Children Advocacy Fund
6. Applicant must be a program employee for at least three years.
7. Applicant must have at least a bachelor's degree.
8. Three letter of reference must be included with the application.
9. All questions must be answered in their entirety.
10. **All information** must be typed. No hand written information will be accepted.

Questionnaire

On a separate sheet, respond to the following. The maximum point value is indicated in parentheses. Judges will rate specific, no subjective, information.

1. (5 points) Presentation of the award information submitted. (Information is organized and reflects a professional appearance.)
2. (10 points) Length of service in program: What year did you start? What positions have you held, and so on?
3. (15 points) Training, qualifications, and credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess, and so on?
4. (15 points) Mobilization of resources and collaboration. List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program.
5. (20 points) Quality and provision of services: Describe activities in your Head Start program or community that are unique and meet or surpass the Program Performance Standards.
6. (25 points) Describe in 500 words or less (no more than two typewritten, double spaced pages) any special contributions you have made to the program that have had a positive impact on services to the total program. Please be very specific.

Letter of Reference (10 points)

Letters of Reference

Include three letters of reference from people who know you in the following capacities:

- a) Supervisor
- b) Personal
- c) Community

Note: Judges will rate the overall effectiveness of the letters, however, applications that do not include all three references will not be considered for this award.

Teacher of the Year Award

Application Form

Be sure to complete the form below in it entirely. All fields are required. Please type or print clearly.

Name of Nominee	Social Security # (123-XX-X123)	Today's Date
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Mailing Address of Nominee

City	State	Zip
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Name of Head Start Director

Phone	Fax	E-mail
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Name of Head Start Grantee (if different from local program)

Mailing Address of Head Start Grantee

City	State	Zip
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Phone	Fax
-------	-----

Submission Check List

Please check each box to indicate that all required materials are attached and send to your local Head Start Center.

- Your complete Application form
- Questionnaire responses
- Three letters of reference