



## APPLICATION FOR SOUTH DAKOTA HEAD START STAFF SCHOLARSHIP

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Local Program \_\_\_\_\_

Position and years of employment \_\_\_\_\_

Name and Location of Educational Institute: \_\_\_\_\_

Class you are currently or will be taking: \_\_\_\_\_

How will you personally and professionally benefit from this class? (150 words)

Fees and other costs: \_\_\_\_\_

Will you be receiving any other funding to pay these costs? If yes, explain:

Why do you feel you need this scholarship? (150 words)

Has applicant received this scholarship in previous years? Yes \_\_\_\_\_ No \_\_\_\_\_

Send Completed Applications To:

South Dakota Head Start Association  
PO Box 1031  
Pierre, SD 57501

Email: [sdhsa@sdheadstart.org](mailto:sdhsa@sdheadstart.org)

Phone: (605) 224-4161 Fax: (605) 224-8813

**Application Deadline is January 1, 2012**

Applicants' HS Program must be current dues-paying members of South Dakota Head Start Association.