



# Head Start Scholarship

## Napa and Solano Counties

*Please print and fully complete the application.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Parents: \_\_\_\_\_

High School Attended: \_\_\_\_\_ ACT/SAT score: \_\_\_\_\_

Extra Curricular Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any organization for which you are a member: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

\_\_\_\_\_

College/vocational school that you plan to attend (Name and Address): \_\_\_\_\_

\_\_\_\_\_

Field of Study: \_\_\_\_\_

Years attended Head Start:	_____
Name of Head Start Program:	_____
Address of Head Start Program:	_____
	_____

**Please attach the following to your application:**

1. A composition that explains your educational goals and the role that Head Start has played in your education. (500 words or less)
2. A brief statement concerning the need for financial assistance.
3. Three typewritten letters of recommendation. *(Letters will be judged based on content and should be brief.)*

**Mail the application to:**  
**Child Start, Inc.**  
**Attn: Joyce Maxwell**  
**439 Devlin Rd.**  
**Napa, CA 94558**