KEN LYDAY MEMORIAL STAFF SCHOLARSHIP  
APPLICATION FORM

Kenneth Lyday was a long-time Head Start teacher and member of the Oregon, Region X, and National Head Start Association boards. He began teaching at Mt Hood Community College Head Start in 1992 and continued there until his passing in 2016. Ken’s passion for Head Start was apparent to everyone who met him.

**SCHOLARSHIP**

The recipients of the Ken Lyday Memorial Staff Scholarships will receive a $2,000 award to be applied to an institution of higher learning. Winners will be asked to provide proof of enrollment in order for OHSA to issue scholarship checks.

**SCHOLARSHIP CRITERIA**

Your program has established its own timeline for reviewing applications. Your program will submit this application to the OHSA Scholarship Committee no later than May 6, 2020. Failure to meet any of the rules, regulations, or criteria below will result in automatic elimination. **Applications must be submitted in English.** Applications with photos will be disqualified.

1. The applicant must be a Head Start staff member.
2. Proof of acceptance, or enrollment, from an institution of higher learning, is required and must be attached to this application. Formal documentation of enrollment is required within five months of receiving the scholarship.
3. CATEGORIES: The applicant must submit a separate typed page of responses for each category. The maximum point value for each category is indicated in parentheses. Judges will rate for specific information.
4. HEAD START EXPERIENCE: *Discuss your years in Head Start* in one typed page or less: What year did you start? What positions have you held? (Policy Council, staff, volunteer positions, etc.) (20 points)
5. GOALS/ASPIRATIONS: Describe in one typed page or less, your *goals/aspirations* for furthering your education and the role Head Start has played in your education. (50 points)

REFERENCE LETTERS: The applicant must submit exactly three letters of reference, one for each type of relationship. Letters should be typewritten by an individual who knows the applicant in the following capacity: (1) Teacher/Supervisor, (2) Personal, or (3) Community Member. Letters must be written by three different people. Please indicate what relationship capacity the letter is meeting (Teacher/Supervisor, Personal or Community Member) by clearly indicating so in the top right corner of each reference letter. If the letter is being submitted in a sealed envelope, clearly indicate the relationship capacity on the envelope. Letters will be judged for specific information and rated on their overall effectiveness. (30 points)

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APPLICATION FORM

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

Choose one: ❑ I am a Head Start Staff Member

My scholarship essays may be posted on the OHSA website: ❑ Yes ❑ No

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Applicant’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of local Head Start Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program’s Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUBMISSION CHECKLIST

Applicant: Please check each box to confirm that **three sets** of all required materials are attached

* Completed application form
* Category responses
  + Head Start Experience
  + Goals/Aspirations
* Three letters of reference (relationship capacity clearly indicated in the top right corner of each)
  + Supervisor/Teacher
  + Personal
  + Community Member
* Proof of acceptance or enrollment in an institution of higher learning.

***Submit to your local program by the submission date established locally.* Applications sent directly to OHSA will be disqualified.**

# Attention local programs-

This application packet is due to the Oregon Head Start Association no later than May 6, 2020. Please submit all applications as a bundle with the State Confirmation Form.

**Mailed applications** must be received at the association office (address below) no later than April 30, 2020. Applications may be **hand-delivered** to the registration table at the Spring Conference by 2:00 pm on Wednesday, May 6, 2020.