



**SCHOLARSHIP FOR GRADUATING SENIORS
WHO WERE ENROLLED IN HEAD START
in Snyder, Union, or Mifflin Counties**

Given by the employees of SUMMIT Early Learning

(formerly Snyder Union Mifflin Child Development)

SUMMIT Early Learning, Inc. was incorporated in 1969 as a private, nonprofit corporation organized for the purpose of administering preschool educational programs. Today, the agency provides a variety of services to infants, preschool, and school-age children and their families in Central Pennsylvania.

The scholarship, up to \$500, is given through the contributions of SUMMIT Early Learning staff as a way of rewarding the hard work and personal growth of our Head Start students. The scholarship is awarded annually to children that attended our Head Start Program, are now graduating from high school, and are enrolling in post secondary school which awards associate or bachelor degrees.

Each scholarship applicant must submit the following:

- Completed application form.
- Statement of personal goals.
- Two letters of recommendation.
- Proof of acceptance to a qualifying post secondary school. Funds will not be disbursed without this information.

Applications may be submitted through your high school guidance office or may sent directly to:
SUMMIT Early Learning via email to INFO@SUMMITEL.ORG

Applications are due by April 30, 2020.

Building the future through early care and education, one family at a time.

**SUMMIT Early Learning Scholarship for Head Start Graduates
Scholarship Application Form**

Please be sure to complete entire application.

You may photo copy as needed or type information on separate sheet of paper if preferred.

Date: _____

Name of Applicant: _____ **Date of Birth:** _____

Address: _____

Telephone: _____

Parent(s): _____

Head of Household: _____

High School attending: _____

SAT Score: _____

Extra Curricular Activities:

Memberships in School, Community, or Other Organizations:

Particular Interests:

College Attending (or planning to attend):

Field of Study:

Years attended Head Start: _____ **Name of Head Start Teacher:** _____

Head Start Center/Facility: _____

Please include the following:

- **Statement of two personal goals.**
- **Two letters of recommendation.**
- **Proof of acceptance to a qualifying post secondary school.**

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