



THE NATIONAL MIGRANT AND SEASONAL HEAD START ASSOCIATION CLINT MITCHAM SCHOLARSHIP AWARD

Voice for the children of migrant and seasonal farmworkers

Instructions and Eligibility for the Clint Mitcham Grant Awards

Eligibility Criteria – (NOTE: Failure to meet any of the criteria below will result in automatic elimination):

- ◆ Applicant must have a minimum of three completed seasons of experience in Migrant and Seasonal Head Start Program.
- ◆ You must have a clear defined education goal that will result in being better prepared to work in a Migrant and Seasonal Head Start Program.
- ◆ Applicant must be recommended by your immediate supervisor.
- ◆ Applicant must plan on continuing work with a Migrant and Seasonal Head Start Program after you have received the Clint Mitcham Grant.
- ◆ Applicant must be enrolled at an accredited college or university and submit proof.
- ◆ Applicant must be pursuing a degree in education, child development, social services or related field.
- ◆ All documents requested must be received by the NMSHSA Committee Chair **by the end of business day October 15, 2010.**
- ◆ Applicant must provide a social security number to receive cash awards
- ◆ Applicant must be a Migrant and Seasonal Head Start Program employee for at least three years.
- ◆ All questions must be answered in their entirety.

SUBMISSION REQUIREMENTS: On a separate sheet of paper, 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. All items must be typewritten and double-spaced.

1. **(5 points)** Length of service in the Migrant and Seasonal Head Start Program. What year did you start? What positions have you held?
2. **(10 points)** Training, qualifications, degrees and credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess? Please submit copies of degrees and credentials.
3. **(20 points)** Submit a personal statement that fully illustrates a commitment to helping children and families.
4. **(35 points)** Submit a 400-500 word (typewritten & double-spaced) essay explaining the importance of operating a comprehensive Migrant and Seasonal Head Start program and the effects it has on the lives of children.
5. **(25 points)** Describe in 100 – 150 words a recent academic challenge you have faced, and how you overcame it.
6. **(5 points)** Recommendations: Letter from your Supervisor.



**THE NATIONAL MIGRANT AND SEASONAL HEAD START ASSOCIATION
CLINT MITCHAM SCHOLARSHIP AWARD**

Voice for the children of migrant and seasonal farmworkers

Page 2

Anticipated Major: _____

Are you a former Head Start student: **Yes** _____ **No** _____

If yes, please have the Program Director submit a sealed letter verifying that you were a Head Start Graduate.

I have received a past Clint Mitcham Grant? **Yes** _____ **No** _____

If yes, what year? _____

If selected, I will use the money for: _____

My organization pays for: all _____ part _____ none of my education _____

I currently receive other scholarships and/or financial aid to help with my education:

Yes _____ **No** _____

**The scholarship awards will be presented at the
Annual National Migrant and Seasonal Head Start Conference
that is scheduled the Winter of 2011 in Washington, DC.**



THE NATIONAL MIGRANT AND SEASONAL HEAD START ASSOCIATION CLINT MITCHAM SCHOLARSHIP AWARD

Voice for the children of migrant and seasonal farmworkers

APPLICATION FORM

**PLEASE BE SURE TO COMPLETE THE FORM BELOW IN ITS ENTIRETY.
PLEASE TYPE OR PRINT CLEARLY.**

Name of Applicant _____ Today's Date _____

Mailing Address _____ Home Phone _____

City _____ State _____ Zip _____ SSN _____

Name of Local Migrant and Seasonal Head Start Program: _____

Mailing Address of Local Migrant and Seasonal Head Start Program: _____

City _____ State _____ Zip _____ Telephone number _____

Name of Migrant and Seasonal Head Start Director: _____

Telephone number _____ Fax Number: _____ e-mail address _____

Name of Local Migrant and Seasonal Head Start Program: _____

(If different from local program)

Mailing Address of Migrant and Seasonal Head Start Grantee: _____

City _____ State _____ Zip _____ Telephone number _____

Signature: In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. I agree to provide proof of any and all information in this application, as requested. Falsification of information may result in termination of any scholarship awarded including an obligation to repay all funds disbursed. This application becomes the property of the National Migrant and Seasonal Head Start Association.

Applicants Signature: _____

Date: _____

Return this application (**by the end of business day October 15, 2010**) with all supporting documentation to:

**William Castellanos, Scholarship Committee Chair
Community Action Partnership of San Luis Obispo County, Inc.**

**1030 Southwood Drive
San Luis Obispo, California 93401**