**WSA 2015-2016 Awards and Scholarships**

The Washington State Association of Head Start and ECEAP is starting a brand new annual Awards and Scholarships program in 2015-2016. The following Awards and Scholarships will be awarded:

***WSA Director of the Year*** *3*

* Recognition only, no cash award.

***WSA Teaching Staff Person of the year*** *4*

* Alternates between Teaching & Support Staff – this year is for Teaching Staff of the Year
* $250 awarded to the recipient, $250 awarded to the recipient’s program to help the winner attend the WSA Winter Conference in Olympia, February 9-11, 2016.

***WSA Parent of the Year*** *6*

* $250 awarded to the recipient, $250 awarded to the recipient’s program to help the winner attend the WSA Winter Conference in Olympia, February 9-11, 2016.

***WSA Scholarships*** *8*

* $500 scholarship to each recipient, for use in attending an institution of higher education
* 2 scholarships awarded to Head Start/ECEAP staff, 2 scholarships awarded to HS/ECEAP Parents or Graduates

***Innovation Award*** 10

* $1000 awarded to a program that demonstrates effective innovation in their program. The winner will be required to do a workshop at the WSA Fall or Winter Conference to introduce their project and enable other programs to replicate their success.

**Applications should be sent to:** Washington State Assn of Head Start & ECEAP

345 118th Ave SE, Suite 220

Bellevue, WA 98005

Or scan/email to [katy@wsaheadstarteceap.com](mailto:katy@wsaheadstarteceap.com)

**Deadline for Application:** January 15, 2016

**Awardees notified by phone or email:** January 25, 2016

**For more information contact**: Katy Warren, [katy@wsaheadstarteceap.com](mailto:katy@wsaheadstarteceap.com)

Ph. 425.453.1227

**WSA Awards and Scholarships**

**General Rules & Regulations**

* All award applications must reflect services contributed during the program year from August 2015 through July 2016.
* A nominee/applicant may apply for no more than one scholarship or award each year.
* Nominees/applicants must be part of a WSA member program. Membership status will be verified by WSA; non-member applications will not be considered.
* Applications must be fully completed and neatly printed or typed. All criteria for an award must be met. Incomplete or illegible applications will not be considered.
* The nominee’s name and a page number must appear on each page of the application.
* Only copies of forms from this booklet will be accepted.
* The nominee’s Social Security number must be included on the application in order to be eligible for scholarships.
* WSA reserves the right to publish photos and information provided in the application.
* Scholarship and award winners are invited to attend the awards ceremony which will be held during the WSA Winter Meeting, February 9-11, 2016 in Olympia, WA
* WSA is not responsible for housing, transportation, or other expenses associated with attending the awards ceremony.
* Nominees and program directors will be contacted by e-mail.
* WSA board members, staff, and family members are ineligible.
* The WSA Board of Directors Scholarship Committee will select the winner/s in each category.

**Director of the Year Award**

## Nominee Information

|  |  |
| --- | --- |
| Director Name |  |
| Program Name |  |
| Mailing Address |  |
| City ST ZIP Code |  |
| Work Phone |  |
| E-Mail Address |  |

## Nominator Information

|  |  |
| --- | --- |
| Nominator Name |  |
| Position/Role in Program |  |
| E-Mail Address |  |
| Phone Number |  |

**AWARD**

The recipient of the **WSA Director of the Year Award** will receive a commemorative certificate and recognition at the 2016 WSA Winter Meeting in Olympia, WA.

**CRITERIA**

* The nominee must serve as an ECEAP, Head Start, or Early Head Start Director.
* The local program must be a current member of WSA.
* The nomination must include the essay described below.

**NOMINATION ESSAY**

Please describe in 500 words or less the special contribution(s) this director makes that impact the Head Start/ECEAP programs, staff, and children and families, or poor children and families throughout the country. (100 points)

Submission Checklist

Please check each box to confirm that all required materials are submitted to WSA by mail or email by January 15th, 2016.

* Completed application form
* Nomination Essay

**Teaching Staff of the Year Award**

## Nominee Information

|  |  |
| --- | --- |
| Name |  |
| Mailing Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Head Start Grantee/ECEAP Contractor Information

|  |  |
| --- | --- |
| Grantee/Contractor Name |  |
| Mailing Address |  |
| City ST ZIP Code |  |
| Grantee/Contractor Director |  |
| Director E-Mail Address |  |
| Director Phone Number |  |
| **Director Signature** |  |

**AWARD**

The recipient of the **WSA Support Staff of the Year** award will receive a commemorative certificate and $250, and his/her program will receive $250 to defray expenses for attending the WSA Fall Meeting.

**CRITERIA**

* The nominee must serve as an ECEAP, Head Start, or Early Head Start home-based or center-based teacher.
* The local program must be a current member of WSA.
* The nominee must be a program employee for at least three years.
* The nominee must submit two letters of reference, answers to the ‘category’ questions, signature from your Grantee/Contractor Director, and a photo and bio.

**LETTERS OF REFERENCE** (10 points)

Include a letter of reference from two people who know you as a supervisor or supervisee, personally, or as a member of or volunteer in the community.

**CATEGORIES**

On a separate sheet, please type responses for each of the areas below. Maximum point value for each category is indicated in parentheses.

1. *Job and qualifications:* What year did you start? What positions have you held, and so on? At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess? (25 points)
2. *Collaboration & Effectiveness:* Describe activities or projects in which you are (or have been) involved that demonstrate your ability to provide and enhance services to children and their families. (15 points)
3. *Commitment to Quality:* Describe activities in your classroom, program or community that are creative, unique, of exceptionally high quality, or surpass performance standards. (20 points)
4. *Special contributions:* Describe in 500 words or less any special contributions you have made to the program that have had a positive impact on services to the total program. Please be very specific. (30 points)

**PHOTO/BIO**

A “head shot” photograph of the nominee and a brief bio (no more than 150 words). The photograph and bio should be e-mailed to Katy Warren, [katy@wsaheadstarteceap.com](mailto:katy@wsaheadstarteceap.com), ph. 425.453.1227.

Submission Checklist

Please check each box to confirm that all required materials are submitted to WSA by mail or email by Jan 15, 2016.

* Completed application form
* Director Signature
* Two letters of reference
* Category responses
* Photo and Bio

**Parent of the Year Award**

## Nominee Information

|  |  |
| --- | --- |
| Name |  |
| Mailing Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Head Start Grantee/ECEAP Contractor Information

|  |  |
| --- | --- |
| Grantee/Contractor Name |  |
| Mailing Address |  |
| City ST ZIP Code |  |
| Grantee/Contractor Director |  |
| Director E-Mail Address |  |
| Director Phone Number |  |
| **Director Signature** |  |

**AWARD**

The recipient of the **WSA Parent of the Year** award will receive a commemorative certificate and $250, and his/her program will receive $250 to defray expenses for attending the WSA Winter Meeting.

**CRITERIA**

* Nominee must be the parent/guardian of a child or children in Head Start/ECEAP/EHS during the 2015-2016 program year.
* Nominee must model increased educational involvement and personal responsibility in the lives of his own children as well as improved personal development resulting from his or her ECEAP/Head Start experience.
* The local program must be a current member of WSA. ,
* The nominee must submit two letters of reference, answers to the ‘category’ questions, signature from your Grantee/Contractor Director, and a photo and bio.

**LETTERS OF REFERENCE** (10 points)

Include two letters of reference from people who know you as a Head Start/ECEAP parent. Letters will be judged by specific information and rated on their overall effectiveness. The letters should be no more than one typewritten page each.

**CATEGORIES**

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

1. Volunteering: Describe the ways you volunteered or worked in a Head Start program. (20 points)
2. Participation: Describe the Head Start activities in which you participated with your child or children. (20 points)
3. Development: Describe how the program has helped you develop personally. (30 points)
4. Personal statement: Describe in 300 words or why you should be selected as the WSA Parent of the Year. Please be very specific. (20 points)

**PHOTO/BIO**

A “head shot” photograph of the nominee and a brief bio (no more than 150 words). The photograph and bio should be e-mailed to Katy Warren, [katy@wsaheadstarteceap.com](mailto:katy@wsaheadstarteceap.com), ph. 425.453.1227.

Submission Checklist

Please check each box to confirm that all required materials are submitted to WSA by mail or email by Jan 15, 2016.

* Completed application form
* Director Signature
* Two letters of reference
* Category responses
* Photo and Bio

**WSA Scholarships for Higher Education**

## Nominee Information

|  |  |
| --- | --- |
| Name |  |
| Mailing Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| Social Security Number |  |
| E-Mail Address |  |

## Head Start Grantee/ECEAP Contractor Information

|  |  |
| --- | --- |
| Grantee/Contractor Name |  |
| Mailing Address |  |
| City ST ZIP Code |  |
| Grantee/Contractor Director |  |

**AWARD**

Four WSA Scholarships of $500 each will be granted, two to ECEAP/Head Start Staff, and two to ECEAP/Head Start parents or graduates.

**CRITERIA**

* Nominee must be a current staff member, a head start graduate, or the parent/guardian of a child or children in Head Start/ECEAP/EHS.
* The nominee must submit proof of acceptance or enrollment in an institution of higher learning.
* The local program must be a current member of WSA.
* The nominee must submit three letters of reference, answers to the ‘category’ questions, and a photo and bio.

**LETTERS OF REFERENCE** (30 points)

Include three letters of reference from people who know you as a Head Start/ECEAP parent, graduate, or staff person. Letters will be judged by specific information and rated on their overall effectiveness. The letters should be no more than one typewritten page each.

**CATEGORIES**

On a separate sheet, please type your responses for each of the areas below. Maximum point value for each category is indicated in parentheses. Judges will rate specific information.

1. *Financial need:* Include a brief statement of your need for financial assistance. (30 points)
2. *Statement of goals:* Describe in 500 words or less your goals and aspirations for furthering your education, what personal goals you have set for yourself and how you intend to achieve them. (40 points)

**PHOTO/BIO**

A “head shot” photograph of the nominee and a brief bio (no more than 150 words). The photograph and bio should be e-mailed to Katy Warren, [katy@wsaheadstarteceap.com](mailto:katy@wsaheadstarteceap.com), ph. 425.453.1227.

Submission Checklist

Please check each box to confirm that all required materials are submitted to WSA by mail or email by Jan 15, 2016.

* Completed application form
* Three letters of reference
* Category responses
* Proof of acceptance or enrollment in an institution of higher learning.
* Photo and Bio

**Innovation Award**

## Nominee Information

|  |  |
| --- | --- |
| Program Name |  |
| Mailing Address |  |
| City ST ZIP Code |  |
| Grantee/Contractor Director |  |
| Director E-Mail Address |  |
| Director Phone Number |  |
| **Director Signature** |  |

**AWARD**

The recipient of the **WSA Innovation Award** will receive a commemorative certificate and $1000. This award is to applaud programs that have used innovation, partnerships, and creativity to provide exceptional services to children and families in their community.

**CRITERIA**

Nominee must be an ECEAP/ Head Start/Early Head Start grantee, delegate or community partner who demonstrates commitment to the goals and objectives of Head Start/ECEAP and promotes program innovations beyond performance standards.

**LETTERS OF REFERENCE** (20 points)

Two letters of reference must be submitted along with the nomination. Attach letters of reference from two organizational leaders who know the impact of the project first hand. (20 points)

**CATEGORIES**

The nominee must submit responses for each of the following categories:

1. BIO - Please describe the primary and partner agency involved in the delivery of services. Provide key demographic info and history in the local community. (20 points)
2. Please provide a brief description of the specific innovation being nominated, the approach and names of partners. (30 points)
3. Please provide a brief description of the outcomes or impact of the effort on vulnerable children and families that are unique and/or go beyond performance standards. (30 points).

Submission Checklist

Please check each box to confirm that all required materials are submitted to WSA by mail or email by Jan 15, 2016.

* Completed application form
* Director Signature
* Two letters of reference
* Category response