

Frank Roberts Memorial Scholarship
High School Graduate Application Form
Sponsored by the Oregon Head Start Association

Be sure to complete the application. Please type or print clearly.

Name of Nominee _____ Date _____

Nominee Address _____

City/State/Zip _____

Phone _____ Email _____

Name of High School Graduating From _____

High School Address _____

City/State/Zip _____

Guidance Counselor/Teacher Contact Name _____

Name of Head Start Program _____ Umatilla Morrow County Head Start

Head Start Address _____ 110 NE 4th

City/State/Zip _____ Hermiston, OR 97838

Name of Head Start Director _____ Cathy Wamsley

Head Start Phone Number _____ (541) 564-6878 Fax _____ (541) 564-6879

Name of Grantee _____ Umatilla Morrow County Head Start Grant # _____

Grantee Address _____ 110 NE 4th

City/State/Zip _____ Hermiston, OR 97838

Grantee Phone _____ (541) 564-6878 Fax _____ (541) 564-6879

Please answer the below questions

1. Years in Head Start. What years did you attend? (20 points)
2. Describe in 300 words or less (no more than one typewritten, double-spaced page) your personal goals (50 points)
3. Three (3) letters of reference. Each should be typewritten and signed by individuals who know the nominee in the following capacities: Teacher, Personal and Community Member. Letters will be judged by specific information and should be brief. (30 points)

Proof of enrollment or proof of acceptance in an institution of higher learning must accompany application
Year Scholarship Awarded: _____