

**Frank Roberts Memorial Scholarship**  
**Staff & Parent Application Form**  
Sponsored by the Oregon Head Start Association

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

Choose One: I am a Head Start Staff \_\_\_\_\_ I am a Head Start Parent \_\_\_\_\_

Name of Nominee \_\_\_\_\_ Date \_\_\_\_\_

Nominee Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Nominee Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Credentials Held by Applicant: \_\_\_\_\_

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 year did you start? What positions have you held? (Policy Council, staff, etc). (20 points)
2. Describe in 300 words or less (one typewritten, double spaced page) the goals / aspirations you have for your career, education and future (50 points)
3. Three letters of reference. Each should be typewritten (one page) and signed by individuals who know the nominee in the following capacities: Supervisor, 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: \_\_\_\_\_