



SCHOLARSHIP FOR GRADUATING SENIORS WHO WERE ENROLLED IN HEAD START

**Given by the employees of
Snyder Union Mifflin Child Development, Inc.**

Snyder Union Mifflin Child Development was incorporated in 1969 as a private, nonprofit corporation organized for the purpose of administering preschool educational programs. Today, SUMCD provides a variety of services to infants, preschool, and school-age children and their families in Central Pennsylvania.

The scholarship is given through the contributions of SUMCD staff as a way of rewarding the hard work and personal growth of our Head Start students. The \$500 SUMCD scholarship is awarded annually to three Head Start attendees who are graduating from high school and 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 be mailed directly to:

SUM Child Development

14 South 11th Street

Mifflinburg, PA 17844

Attn: Lisa Storer

Or send via email to LStorer@sumcd.org

Applications are due by April 24, 2017.

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

**SUM Child Development 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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