

The logo features a yellow star above the text "ESC 19" in blue. Below that, "HEAD START" is written in a large, bold, blue font, with a small American flag icon to the right. Underneath, "Undergraduate Scholarship" is written in a smaller, black font.

# ESC 19 HEAD START Undergraduate Scholarship

**2020-2021**

**11670 Chito Samaniego  
El Paso, TX 79936  
(915) 790-4684**

## **GENERAL INFORMATION**

The 1992—1993 Policy Council representatives established the ESC Region 19 Head Start Undergraduate Scholarship. The scholarship fund is managed by the parent committees from each Head Start center. The purpose of this scholarship is to encourage former Head Start students to continue their education after high school.

## **REQUIREMENTS**

- Must have a completed Head Start Undergraduate Application.
- Must include Head Start documents or any other supporting material that displays your graduation date from the program (Diploma, Graduation Picture, Graduation Roster).
- Must include an Official transcript that shows a minimum GPA of 3.0 (87.5%) .
- Must include a college or university official letterhead showing an intent to attend that institution (e.g. an acceptance letter).
- Must include a letter from your school counselor confirming your graduation date or a GED certificate.
- Must use the forms provided in the application to submit three (3) letters of recommendation: one (1) personal and two (2) professional (school officials).

## **PROCEDURES**

- Fill out the application and submit all original documentation to:  
Head Start Birth to Four Early Education Program  
Attention: David Herrera  
11670 Chito Samaniego  
El Paso, TX 79936
- A committee will review the applications submitted and will determine the scholarship recipients.

## **AWARDS**

- For the 2020-2021 school year, a one-time \$2,000.00 scholarship will be awarded to two applicants.

## **DEADLINE**

The completed application and documentation must be submitted or postmarked no later than July 17, 2020.

If you have any questions, please contact David Herrera at 790-4684.



# Undergraduate Scholarship 2020-2021

11670 Chito Samaniego  
El Paso, TX 79936  
(915) 790-4601

## Section A—ALL APPLICANTS (Please print in black ink)

1. Year of High School graduation or GED certificate completion: \_\_\_\_\_

2. Entering college or university: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

3. Legal Name: \_\_\_\_\_  
Last First Middle

4. Social Security Number \_\_\_\_\_

5. Home Address

\_\_\_\_\_ Address City State Zip

6. Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

7. University planning to attend: \_\_\_\_\_  
Name

\_\_\_\_\_ Address City State Zip

8. Intended Major: \_\_\_\_\_

9. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

10. Ethnicity: \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_ American Indian  
\_\_\_\_\_ Black \_\_\_\_\_ Hispanic

11. Student visa status: Are you a citizen of the United States?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (if Yes Skip to Question 12)  
Are you a Texas resident?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you have permanent resident status?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

12. Head Start year Graduation: \_\_\_\_\_ Head Start Center attended: \_\_\_\_\_  
Head Start teacher's name: \_\_\_\_\_

13. Mother's name at the time of Head Start attendance: \_\_\_\_\_

\_\_\_\_\_ Last First Middle

14. Father's name at the time of Head Start attendance:

\_\_\_\_\_ Last First Middle

# Undergraduate Scholarship Application 2020-2021

## Section B—Freshman Application

### PERSONAL RESPONSE

Use only the space provided and print your responses. No attachments accepted. Do not staple or glue responses to this page.

1. What impact did Head Start have on your life and in the continuous improvement of your education?

2. How have you prepared to be a successful student, and how are you choosing the best school for your needs?

# Undergraduate Scholarship Application 2020-2021

## Section B—Freshman Application

### PERSONAL RESPONSE

Use only the space provided and print your responses. No attachments accepted. Do not staple or glue responses to this page.

3. Explain your academic / professional goals and how you will achieve them—either in terms of a planned major or general educational ideal.

4. Use this space to explain why you should be considered for the Head Start scholarship.

# Undergraduate Scholarship Application 2020-2021

## Leadership, Honors, Activities

Identify and describe briefly in the appropriate space below your leadership responsibilities, honors received, and activities. Information must be typed or printed in black ink.

Leadership	Elected or competitive position (e.g. name of organization, Student Council, class officer, clubs, organizations)			
	Organization	Position Held	Describe Responsibilities	Grade (9, 10, 11, 12)

Honors Received	e.g. academic, leadership, graduated w/honors
Title and Award Description	Grade (9, 10, 11, 12)

Activities	Special interest groups, organizations, creative and performing arts, recreational, and community service.	
Name	Describe Responsibility/Involvement	Grade (9, 10, 11, 12)

References	Please include the information of three references.		
Name	Address	Phone No.	Place of employment

# Undergraduate Scholarship Application 2020-2021

Student's Name: \_\_\_\_\_

## Official Recommendation Form

- Return the application to: ESC Region 19 Head Start Birth to Four Early Education Program  
Attn: David Herrera  
11670 Chito Samaniego  
El Paso, TX 79936
- Recommendation forms may be submitted by the student or the person filling out the form.

Characteristics	Exceptional	Very	Somewhat	Not able to respond	Would not recommend
Energetic					
Flexible					
Skilled in interpersonal interaction					
Skilled in written communication					
Decisive					
Cooperative					
Sensitive to the diversity in others					
Honest					
Academically motivated					
Skilled in oral communication					
Persistent					
Able to motivate others					
Organized					
Creative					

If you have additional information you want to provide concerning this student, please use the space below for your comments. Do not attach letters of recommendation. Evaluator: If you do NOT agree to the release of your evaluation of this student, please check this box:  (No check mark means your consent to the release of your evaluation).

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Evaluator's Signature	Title	Phone No.
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Name of High School	Address	Date
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