



Head Start Scholarship

Napa and Solano Counties

Please print and fully complete the application.

Name: _____ Date: _____

Date of Birth: _____ Email: _____ Phone Number: _____

Address: _____

Parents: _____

High School Attended: _____ ACT/SAT score: _____

Extra Curricular Activities: _____

Please list any organization for which you are a member: _____

Interests/Hobbies: _____

College/vocational school that you plan to attend (Name and Address): _____

Field of Study: _____

Years attended Head Start: _____

Name of Head Start Program: _____

Address of Head Start Program: _____

Please attach the following to your application:

1. A composition that explains your educational goals and the role that Head Start has played in your education. (500 words or less)
2. A brief statement concerning the need for financial assistance.
3. Two typewritten letters of recommendation. (*Letters will be judged based on content and should be brief.*)

Mail the application to:
Child Start, Inc.
Attn: Cecilia G. Olmedo
439 Devlin Rd.
Napa, CA 94558

