

## **Melanie Harrell Head Start Excellence in Education Award Directions**

**Purpose:** To recognize the educational achievements and support lifelong learning of former Head Start Program participants. Annually, Ohio Valley Opportunities, Inc. (OVO) will award one (1) scholarship in the amount of \$500 toward post-secondary educational expenses in honor of Melanie Harrell's 25 years of service to our Head Start program.

### **Eligibility Guidelines:**

1. The applicant must have participated in the OVO Head Start Program in either Jennings County, Jefferson County, or Scott County, Indiana.
2. The applicant must have acceptance to (with intent to begin) or currently be attending a post-secondary educational institution (i.e. University, State or Private College, Trade School, Technical College) which will ultimately result in either an undergraduate degree, industry certification, or recognized credential.
3. The final recipient must sign a Media Release Form authorizing OVO to publish in perpetuity their image, name, educational institution, and any other relevant information in print and on social media platforms.

### **Application Process:**

1. Complete **ONE** scholarship application, including the section for parents/guardians in applicant is under 18-years-old.
2. Attach **ONE** document that confirms your acceptance or enrollment at a post-secondary educational institution. Examples of acceptable forms of confirmation include:
  - a. A copy of an acceptance letter on school letterhead.
  - b. A copy of an acceptance email showing the sender's email address that includes the school name or acronym.
  - c. An unofficial transcript or printed course list showing the courses you are enrolled in for the upcoming Fall Semester.
  - d. A letter from your school student affairs or admissions office stating that you are enrolled as a student for the upcoming Fall Semester.
  - e. A letter showing your scholarship/financial aid etc. for the upcoming Fall Semester
3. Attach **ALL** of the following short essays:
  - a. In 200 words or less, describe your fondest memories of Head Start and/or other benefits that you received as a program participant.
  - b. In 50 words or less, describe how you intend to use the scholarship funds.
  - c. In 200 words or less, describe your post-graduate/future career aspirations.

The application and attached essays must be submitted in one of the following two ways by **Monday, May 2, 2022**. Late applications will not be accepted.

- Scanned and emailed to Veronica Watson, Director of Research and Program Development, at [vwatson@ovoinc.org](mailto:vwatson@ovoinc.org)

- Mailed to OVO's office (421 Walnut Street, Madison IN 47250), in care of Veronica Watson.

**Scoring:**

Scoring will be conducted by a Selection Committee Panel comprised of members at OVO's discretion. The OVO Executive Director reserves the right to determine the winning candidate in events such as a tie. All decisions are final.

**Scholarship Award:**

If chosen to receive the Melanie Harrell Head Start Education Award, the applicant will be asked to visit the OVO Administrative Office in June to accept the award in-person. At that time the recipient will also be required to sign a media release and have their photograph taken for media releases about this scholarship opportunity. They will also be provided with a check made payable directly to them at that time.

**Melanie Harrell Head Start Excellence in Education Award  
Application**

**Are you a former OVO Head Start Student (circle one): YES / NO**

**Applicant's Full Name:** \_\_\_\_\_

**Applicant's Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Applicant's Phone Number:** \_\_\_\_\_ **Applicant's Date of Birth:** \_\_\_\_\_

**Applicant's Email:** \_\_\_\_\_

**School Applicant Currently Attends:** \_\_\_\_\_

**School Applicant Intends to Attend or Currently Attends:** \_\_\_\_\_

**City and State of Intended School:** \_\_\_\_\_

**Intended Course of Study (if known – optional):** \_\_\_\_\_

**Additional Information in Support of Your Application (Head Start Teacher's name, OVO Employee applicant is related to, etc.):**

\_\_\_\_\_

\_\_\_\_\_

**I, \_\_\_\_\_ affirm and certify that the above information is complete, true and correct to the best of my knowledge and belief.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*If applicant is under 18-years-old, the Parent/Guardian section on the next page is REQUIRED*

**Melanie Harrell Head Start Excellence in Education Award  
Application (continued)**

**Parent(s) or Guardian(s) name(s):** \_\_\_\_\_

**Parent/Guardian Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Phone Number(s):** \_\_\_\_\_

**Parent/Guardian Email(s):** \_\_\_\_\_

**I, \_\_\_\_\_ affirm and certify that the above information is complete, true and correct to the best of my knowledge and belief.**

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_