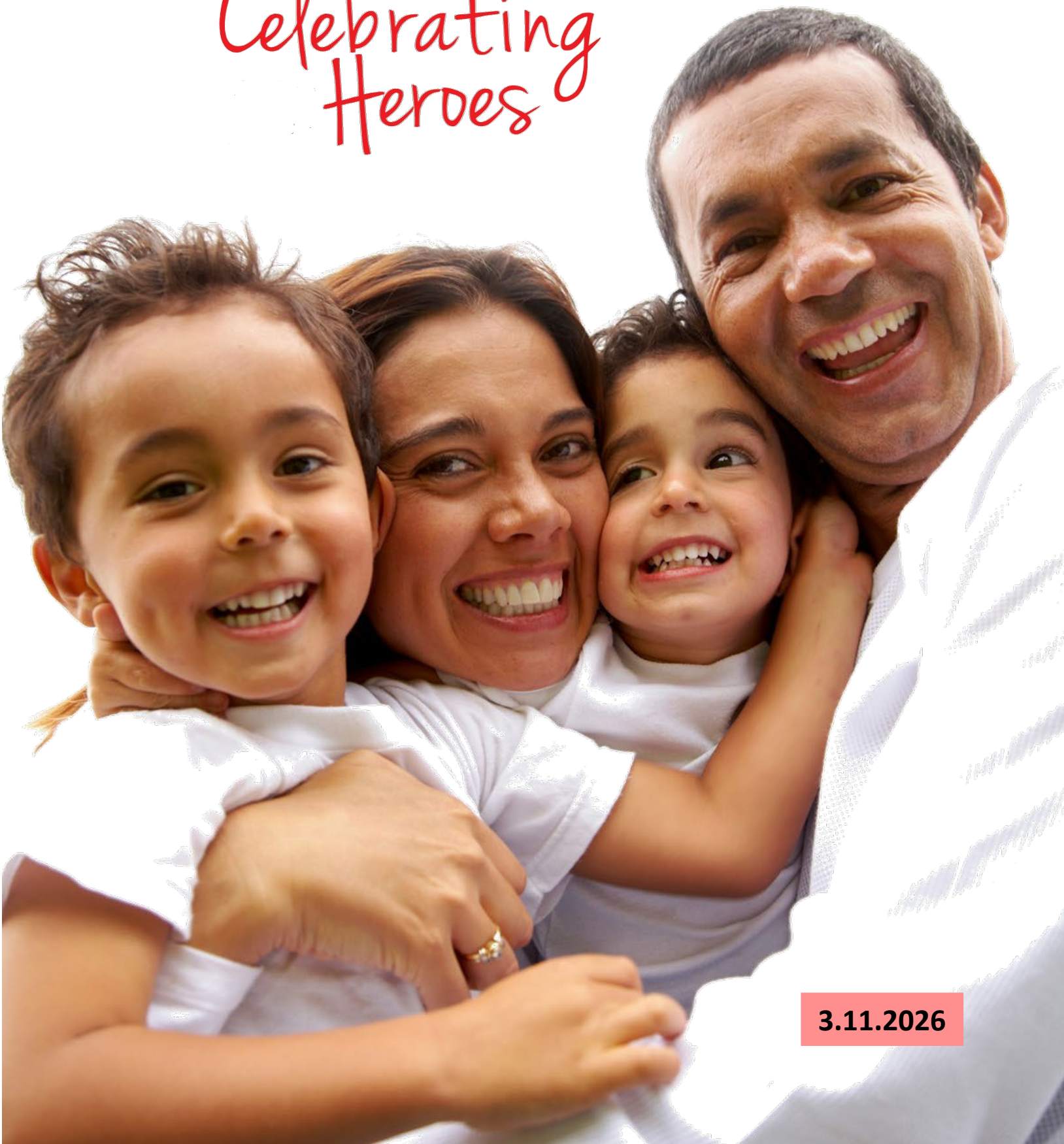
2026-2027
AWARDS/SCHOLARSHIPS NOMINATIONS



3.11.2026

NORTH CAROLINA HEAD START ASSOCIATION

2027 AWARDS NOMINATION SUBMISSION FORM

Nomination Process & Submission Checklist

IMPORTANT: Please read carefully before beginning the nomination process.

Submission deadline: January 11, 2027. Incomplete or duplicate nominations will not be considered.

Submission Requirements

- All applications must be complete and submitted by January 11, 2027.
- All program and individual memberships must be current and up to date.
- Submit five (5) high-quality, varied photos showing the nominee and the work they do.
- Only one (1) nomination may be submitted per category. Any duplicate submissions will not be considered.
- Create and clearly label a separate folder for each nominee. Place all documentation for that person in their folder.
- Nominees receive one complimentary Awards Banquet ticket if they are not attending the Annual Conference.
- Additional Awards Banquet tickets may be purchased for $50 each.
- Please send all completed submissions to Tonie Brite at tonie2@yahoo.com.

Nomination Information

Program Name:

Nominee Name:

Nomination Category:

Contact Person:

Email:

Phone:

Submission Checklist

Application is complete.

Program and individual memberships are current.

Five (5) high-quality, varied photos are included.

A separate labeled nominee folder contains all required documentation.

Only one nomination has been submitted in this category.

Submit completed materials to: Tonie Brite | tonie2@yahoo.com

Please retain a copy of the completed nomination materials for your program records.

Section I – General Information

NCHSA application process has distinct phases:

1. Local grantee submits to state affiliate;
2. State affiliate selects state recipients and forwards to regional affiliate;
3. RIVHSA selects regional recipients and forwards winners in national categories to NHSA; and
4. NHSA selects national recipients.

The North Carolina Head Start Association uses a panel of independent judges to score nominations. The final slate of recipients is reviewed and ratified by NCHSA Awards/Scholarships Committee.

In North Carolina, our grantee members have a total of **15** award and scholarship categories open for nominations. The National Head Start Association (NHSA) has **6** national categories which are also observed at the state and regional levels. In addition, RIVHSA offers **12** categories exclusively for our regional grantees that are not recognized at the national level. Grantees and state affiliates must submit nominations as specified by each entity to be considered. The national and regional processes are outlined below.

B. Eligibility Period for 2026-2027

Nominees submit by January 11, 2027	**To NCHSA**
Winner announced in March 2027	**Annual Conference Banquet**

All entries are sent electronically to Tonie Brite, Scholarship and Awards Chairperson
tonie2@yahoo.com

ALL ENTRIES DUE ELECTRONICALLY TO TONIE BRITE BY JANUARY 11, 2027 BY CLOSE OF BUSINESS

☐

2.	REGIONAL ASSOCIATIONS: RIVHSA panel of independent judges review and score state affiliate nominations. RIVHSA's Awards/Scholarships Committee confers and ratifies regional recipients at its 1st quarter meeting in October. RIVHSA notifies grantees and state associations of its slate of regional recipients. RIVHSA submits its national category recipients to the National Head Start Association for competition; RIVHSA does not endorse any other national nomination that has not been vetted through the RIVHSA process. RIVHSA recognizes its regional recipients during an awards ceremony held in conjunction with its annual conference.
3.	NATIONAL ASSOCIATION: NHSA's panel of independent judges review and score nominations. NHSA notifies recipients and nominating entities of its slate of national recipients. NHSA recognizes national recipients during an awards ceremony held in conjunction with its annual conference.

Recipient Recognition at the NCHSA Awards Gala March 2027

The designated attire for this event is business casual or semi-formal to formal.
NCHSA is not responsible for travel expenses related to event attendance by state agencies nominees or recipients.
NCHSA does provide each recipient with a ticket to the Awards Gala held in conjunction with our annual conference if they are not attending the conference. Additional tickets for family are available for purchase prior to the event for $50.00 per additional ticket.

Revised March 2026

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION
Edward Zigler Innovation Award

Overview

This award honors the memory of **Dr. Edward Zigler** by celebrating local programs who have partnered to create high impact services for children and families.

General Information
- This award does require a joint application from a Head Start grant recipient and a community partner.
- NCHSA will present the recipient with a commemorative plaque award.

General Rules and Regulations
- State affiliates must submit state nominees to NCHSA by the **January 11, 2027** filing deadline. NCHSA only accepts nominations b y email. Hard copies will be requested of the winner at a later time.

- All scholarship and award applications must reflect services contributed during the specified program year.
- Grantees and state affiliates must be current RIVHSA and NHSA members. Some award/scholarship types require individual membership. Non-member applications will not be considered.
- Applicant may not be nominated for more than one **regional or national category per year.**
- All criteria for an award or scholarship must be met. Incomplete applications will not be considered. Nominees will be contacted primarily via email.
- Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.
- Applicant must be willing to allow NCHSA, RIVHSA or NHSA to publicize their nomination.
- NCHSA/RIVHSA is not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

The nominee must:
1. Qualification: Be a Head Start or Early Head Start grant recipient and include a community partner in the application.
2. Supporting Statement (80 points): Submit a supporting statement to address the following:
   - (20 points) Biographical Profile: A description of the **primary and partner agency** involved in the delivery of services, including demographic information, and history in the local community
   - (30 points) Innovation Summary: A brief description of the specific innovation, the approach, and names of all partners
   - (30 points) Outcomes/Impact Summary: A brief description of the outcomes or impact of the effort on vulnerable children and families that are unique and/or go beyond Head Start's performance standards
3. Reference Letters (20 points): Provide two letters of reference from two organizational leaders external to the program and the community partner who know the impact of the partnership firsthand.

This award is strictly for a community partner and not an individual

Revised March 2026

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION
Edward Zigler Innovation Award

Be sure to complete the form below in its entirety. All fields are required. Please type or print clearly.

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			
E-Mail					

Community Partner (No abbreviations)

Agency Name			Date		
Mailing Address					
City		State		Zip Code	
Telephone			E-Mail		

Membership Information

Category	Membership #
National Head Start Association	
Region IV Head Start Association	
Your State Head Start Association	

Submission Checklist: Check each box to indicate that required materials are attached.

☐ Application Form
☐ Supporting Statement
☐ Reference Letters

Application Process: Nominations will be processed by phase as indicated below:

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.
- REGIONAL ASSOCIATION: Submit regional recipients to NHSA for national competition by the filing deadline.

Please submit 5 HIGH QUALITY photos to be used during the awards gala

Revised March 2026

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION

Sargent Shriver Excellence in Community Service Award

Regionally known as the Billy J. McCain, Sr. Excellence in Community Service Award

Overview

This award honors the memory of **Sargent Shriver** by recognizing grantees that have made significant achievements in poverty alleviation, early education, or community health in partnership with others.

RIVHSA's Billy J. McCain, Sr. Community Service Award

RIVHSA renamed and recognizes the award regionally in honor of **Billy J. McCain, Sr.** who served as President of the Region IV Head Start Association. RIVHSA acknowledges his distinguished service as an officer and legacy as a Head Start and Community Action advocate.

General Information

- This award does require a joint application from a Head Start grant recipient and a community partner.
- NCHSA will present the recipient with a commemorative plaque

General Rules and Regulations

State affiliates must submit state nominees to NCHSA by the **January 11, 2027 all entries sent in electronically**

All scholarship and award applications must reflect services contributed during the specified program year. Grantees and state affiliates must be current RIVHSA and NHSA members. Some award/scholarship types require individual membership. Non-member applications will not be considered.

Applicant may not be nominated for more than one **regional or national category per year.**
All criteria for an award or scholarship must be met. Incomplete applications will not be considered.

Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.

Applicant must be willing to allow NCHSA/ RIVHSA or NHSA to publicize their nomination.
NCHSA is not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

The nominee must:

1. Qualification: Be a Head Start or Early Head Start grant recipient and include a community partner in the application.
2. Supporting Statement (80 points): Submit a supporting statement to address the following:
   - (20 points) Biographical Profile: Key demographic and historical context of the local community.
   - (30 points) Innovation Summary: The specific contribution(s), approach, and leaders of the effort.
   - (30 points) Outcomes/Impact Summary: Outcomes that are unique and/or go beyond Head Start's performance standards.
3. Reference Letters (20 points): Provide two letters of reference from two organizational leaders external to the program and the community partner who know the impact of the partnership first-hand.

Please submit 5 HIGH QUALITY photos to be used during the awards gala

Please submit 5 HIGH QUALITY photos to be used during the awards gala

Revised March 2026

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION

Sargent Shriver Excellence in Community Service Award

Regionally known as the Billy J. McCain, Sr. Excellence in Community Service Award

Be sure to complete the form below in its entirety. All fields are required. Please type or print clearly.

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			
E-Mail					

Community Partner (No abbreviations)

Agency Name			Date		
Mailing Address					
City		State		Zip Code	
Telephone			E-Mail		

Membership Information

Category	Membership #
National Head Start Association	
Region IV Head Start Association	
Your State Head Start Association	

Submission Checklist: Check each box to indicate that required materials are attached.

☐ Application Form
☐ Supporting Statement
☐ Reference Letters

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.
- REGIONAL ASSOCIATION: Submit regional recipients to NHSA for national competition by the filing deadline.

Please submit 5 HIGH QUALITY photos to be used during the awards gala

Guidelines & Applications for RIVHSA Awards & Scholarships

Revised March 2026

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION

Aubrey Puckett Memorial Award

Regionally known as the Dr. Arvern Moore Memorial Award

Overview

This award honors the memory of **Aubrey Puckett** by celebrating Head Start alumni and parents who come full circle—working in programs, advocating for Head Start, and serving their communities with passion and purpose.

RIVHSA's Dr. Arvern Moore Memorial Award

RIVHSA renamed and recognizes the award regionally in honor of **Dr. Arvern Moore** who was a charter member and past President of the Region IV Head Start Association. He also served multiple terms as President of the National Head Start Association. RIVHSA acknowledges his legacy of leadership to achieve distinction as powerful advocates for children and families.

General Information

- The nominee must have been enrolled in a Head Start/Early Head Start program as a student or parent for one or more years and must also be a current Head Start program employee for three or more years.
- RIVHSA will present the recipient with a commemorative plaque and $100 award.

General Rules and Regulations

- State affiliates must submit state nominees to NCHSAby the **January 11, 2027** filing deadline. NCHSA only accepts electronic e ntries.

- All scholarship and award applications must reflect services contributed during the specified program year.
- Grantees and state affiliates must be current NCHSA members
  Non-member applications will not be considered.
- Applicant may not be nominated for more than **one regional or national category per year.**
- All criteria for an award or scholarship must be met. Incomplete applications will not be considered.

- Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.
- Applicant must be willing to allow NCHSA, RIVHSA or NHSA to publicize their nomination.
- NCHSAis not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

The nominee must:

1. Qualification: The nominee must:
   - Have been enrolled in a Head Start/Early Head Start program as a student or parent for one or more years.
   - Be a current Head Start program employee for three or more years.
2. Cover Letter and Resume (80 points): Submit a supporting statement to address the following:
   - (20 points) Cover Letter – History/Connection: A description of the nominee's personal and family connection to Head Start, including demographic information, and history in the local community
   - (30 points) Cover Letter – Advocacy/Growth: Examples of advocacy, career growth, and involvement in the community at the state/national level to benefit Head Start families.
   - (30 points) Resume - Biographical Profile: Details of service history, including year started, positions held, etc.
3. Reference Letters (20 points): Provide two letters of reference from people who know the nominee in their current role.

Please submit 5 HIGH QUALITY photos to be used during the awards gala

Revised March 2026

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION

Aubrey Puckett Memorial Award

Regionally known as the Dr. Arvern Moore Memorial Award

Be sure to complete the form below in its entirety. All fields are required. Please type or print clearly.

Nominee (Provide the contact information for the actual nominee - do not use company information; do not use abbreviations)

Nominee				Date	
Position Title				Agency Hire Date	
Mailing Address of Nominee					
City		State		Zip Code	
Primary Phone #		Other Phone #			
E-Mail					

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
E-Mail					
Alternate Agency Contact for Awards Process					
E-Mail					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

Membership Information

Category	Membership #
National Head Start Association	
Region IV Head Start Association	
Your State Head Start Association	

Submission Checklist: Check each box to indicate that required materials are attached.

- ☐ Application Form
- ☐ Alumni Status: Provide statement on company letterhead from the current program director verifying alumni status as a student (Start/end dates and program of enrollment) or parent (stating the nominee has a child currently enrolled).
- ☐ Employment Status: Provide statement on company letterhead from the current program director stating the hire date and employment status.
- ☐ Cover Letter
- ☐ Resume
- ☐ Reference Letters

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.
- REGIONAL ASSOCIATION: Submit regional recipients to NHSA for national competition by the filing deadline.

Revised March 2026

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION
Vanessa Rich Leadership Award

Overview

This award honors the memory of **Vanessa Rich**, a former Head Start director, parent, and leader from Chicago who served as the chairwoman of the NHSA Board of Directors. The award is intended for a new director who is carrying on Vanessa's legacy of "Head Start doesn't stop on the front porch, it comes all the way into the house."

General Information

- The nominee must be a new Head Start or Early Head Start Director with three years or less experience.
- RIVHSA will present the recipient with a commemorative plaque and $100 award.

General Rules and Regulations

- State affiliates must submit state nominees to RIVHSA by the **January 11, 2027** filing deadline. RIVHSA only accepts nominations electronically.

- All scholarship and award applications must reflect services contributed during the specified program year.
- Grantees and state affiliates must be current RIVHSA and NHSA members. Some award/scholarship types require individual membership. Non-member applications will not be considered.
- Applicant may not be nominated for more than **one regional or national category per year.**
- All criteria for an award or scholarship must be met. Incomplete applications will not be considered. Nominees will be contacted primarily via email.
- Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.
- Applicant must be willing to allow NCHSA, RIVHSA or NHSA to publicize their nomination.
- NCHSA is not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

The nominee must:

1. Qualification: Document employment as a new Head Start or Early Head Start Director with three years or less experience.
2. Cover Letter and Resume (80 points): Submit a supporting statement to address the following:
    - (20 points) Cover Letter - Goals: How they intend to build the future for Head Start.
    - (30 points) Cover Letter – Advocacy/Growth: Activities and efforts made by the nominee that demonstrate passion for service, advocacy, career growth, and involvement with Head Start.
    - (30 points) Resume - Biographical Profile: Details of service history, including year started, positions held, etc.
3. Reference Letters (20 points): Provide two letters of reference from people who know the nominee in their current role.

Please submit 5 HIGH QUALITY photos to be used during the awards gala

Revised March 2026

NATIONAL CATEGORY – NATIONAL HEAD START ASSOCIATION
Vanessa Rich Leadership Award

Be sure to complete the form below in its entirety. All fields are required. Please type or print clearly.

Nominee (Provide the contact information for the actual nominee - do not use company information; do not use abbreviations)

Nominee				Date	
Position Title				Agency Hire Date	
Mailing Address of Nominee					
City		State		Zip Code	
Primary Phone #		Other Phone #			
E-Mail					

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
E-Mail					
Alternate Agency Contact for Awards Process					
E-Mail					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

Membership Information

Category	Membership #
National Head Start Association	
Region IV Head Start Association	
Your State Head Start Association	

Submission Checklist: Check each box to indicate that required materials are attached.

- ☐ Application Form
- ☐ Employment Status: Provide statement on company letterhead from the current executive director stating the hire date as Head Start or Early Head Start Director and employment status.
- ☐ Cover Letter
- ☐ Resume
- ☐ Reference Letters

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.
- REGIONAL ASSOCIATION: Submit regional recipients to NHSA for national competition by the filing deadline.

Administrator of the Year Award
Grantee Executive Director

Overview

This award acknowledges the important contributions of forward-thinking administrators to the long-term success of Head Start/Early Head Start programs and, ultimately, the children and families they serve.

General Information

- The award recipient will receive a commemorative plaque
- Applicant must serve in a position directly related to this year's emphasis area.
- The application must only describe the applicant's responsibilities in their current professional role.
- Applicant must be a program employee for at least one year with the nominating program.
- Applications must reflect services contributed during the specified program year as of June 30.
- Applicant must possess at least a bachelor's degree and submit proof of credentials.
- The local program must be a current agency member of NCHSA/RIVHSA.
- Applicant must be a current individual member of NCHSA/ RIVHSA.

General Rules and Regulations

- State affiliates must submit state nominees to RIVHSA by the **January 11, 2027** filing deadline. NCHSA only accepts nominations e lectronically.

- All scholarship and award applications must reflect services contributed during the specified program year.
- Grantees and state affiliates must be current NCHSA and RIVHSA members. Non-member applications will not be considered.
- Applicant may not be nominated for more than **one regional category per year.**
- All criteria for an award or scholarship must be met. Incomplete applications will not be considered.

- Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.
- Applicant must be willing to allow NCHSA, RIVHSA or NHSA to publicize their nomination.
- NCHSA is not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

Questionnaire (90 points)
On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Length or Service in the Program: What year did you start? What positions have you held?
2. (15 points) Training, Qualifications, and Credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess?
3. (15 points) Mobilization of Resources and Collaboration: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program.
4. (20 points) Quality and Provision of Services: Describe activities in your program or community that are unique and meet or surpass the Head Start Program Performance Standards.
5. (30 points) Special Contributions: Describe in 500 words or less (no more than two typewritten, double spaced pages) any special contributions you have made to the program that have had a positive impact on services on the total program. Please be very specific.

Letters of Reference (10 points)
Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: supervisor, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Revised March 2026

Administrator of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

RIVHSA recognizes recipients each February at the Awards Gala.
NCHSA recognizes recipients each March at the Awards Gala.

☐ **Grantee Executive Director**

For Administrative Use Only:
_____Local Program Director
initial here before submitting to the state association.

_____State Association President
initial here before submitting to RIVHSA

Nominee (Provide the contact information for the actual nominee - do not use agency or staff information; do not use abbreviations)

Nominee		Date			
Position Title					
Agency Hire Date		Hire Date in Current Position			
State		Program Member #		Individual Member #	
Mailing Address of Nominee					
City		State		Zip Code	
Primary Phone#		Other Phone #			
E-mail					

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
E-Mail					
Alternate Agency Contact for Awards Process					
E-Mail					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

Submission Checklist: Check each box to indicate that required materials are attached.

- ☐ Application Form
- ☐ Proof of highest post-secondary degree completed (e.g. copy of degree or transcript)
- ☐ Reference Letters

Statements:
- ☐ Length or Service in the Program
- ☐ Training, Qualifications, and Credentials
- ☐ Mobilization of Resources and Collaboration
- ☐ Quality and Provision of Services
- ☐ Special Contributions

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.

Please submit 5 HIGH QUALITY photos to be used during the awards gala

Teacher of the Year Award

Overview

This award recognizes exemplary teachers who have strong long-range potential for leadership and the ability to inspire a love of learning in young children. This honor was established to elevate the status of the teaching profession at the state and regional levels by creating opportunities for recognizing the most accomplished members of the profession.

General Information

- The award recipient will receive a commemorative plaque and $500 award.
- Applicant must serve in a position directly related to this year's emphasis area.
- The application must only describe the applicant's responsibilities in their current professional role.
- Applicant must be a program employee for at least one year with the nominating program.
- Applications must reflect services contributed during the specified program year as of June 30.
- Applicant must possess at least an associate degree and submit proof of credentials.
- The local program must be a current agency member of NCHSA and RIVHSA.
- Applicant must be a current individual member of NCHSA and RIVHSA.

General Rules and Regulations

- State affiliates must submit state nominees to NCHSA by the **January 11, 2027** filing deadline. All entries are to be submitted e lectronically

- All scholarship and award applications must reflect services contributed during the specified program year.
- Grantees and state affiliates must be current NCHSA and RIVHSA members. Some award/scholarship types require individual membership.
- Non-member applications will not be considered.
- Applicant may not be nominated for more than **one regional category per year.**
- All criteria for an award or scholarship must be met. Incomplete applications will not be considered. Nominees will be contacted primarily via email.
- Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.
- Applicant must be willing to allow NCHSA, RIVHSA or NHSA to publicize their nomination.
- NCHSA is not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

Questionnaire (90 points)
On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Length or Service in the Program: What year did you start? What positions have you held?
2. (15 points) Training, Qualifications, and Credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess?
3. (15 points) Mobilization of Resources and Collaboration: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program.
4. (20 points) Quality and Provision of Services: Describe activities in your program or community that are unique and meet or surpass the Head Start Program Performance Standards.
5. (30 points) Special Contributions: Describe in 500 words or less (no more than two typewritten, double spaced pages) any special contributions you have made to the program that have had a positive impact on services on the total program. Please be very specific.

Letters of Reference (10 points)
Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: supervisor, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Revised March 2026

Teacher of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:
_____Local Program Director
initial here before submitting to the state association.

_____State Association President
initial here before submitting to RIVHSA

Nominee (Provide the contact information for the actual nominee - do not use agency or staff information; do not use abbreviations)

Nominee		Date			
Position Title					
Agency Hire Date		Hire Date in Current Position			
State		Program Member #		Individual Member #	
Mailing Address of Nominee					
City		State		Zip Code	
Primary Phone#		Other Phone #			
E-mail					

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
E-Mail					
Alternate Agency Contact for Awards Process					
E-Mail					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

Submission Checklist: Check each box to indicate that required materials are attached.

- □ Application Form
- □ Proof of highest post-secondary degree completed (e.g. copy of degree or transcript)
- □ Reference Letters

Statements:
- □ Length or Service in the Program
- □ Training, Qualifications, and Credentials
- □ Mobilization of Resources and Collaboration
- □ Quality and Provision of Services
- □ Special Contributions

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.

Please submit 5 high quality pictures

Early Head Start Teacher Award
This is a NC award only

Overview

This award recognizes exemplary teachers who have strong long-range potential for leadership and the ability to inspire a love of learning in young children. This honor was established to elevate the status of the teaching profession at the state and regional levels by creating opportunities for recognizing the most accomplished members of the profession.

General Information
− The award recipient will receive a commemorative plaque and $100 award.
− Applicant must serve in a position directly related to this year's emphasis area.
− The application must only describe the applicant's responsibilities in their current professional role.
− Applicant must be a program employee for at least one year with the nominating program.
− Applications must reflect services contributed during the specified program year as of June 30.

Applying for the Award
Questionnaire (90 points)
On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in
parentheses. Judges will rate specific, not subjective, information.
1. (10 points) Length or Service in the Program: What year did you start? What positions have you held?
2. (15 points) Training, Qualifications, and Credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess?
3. (15 points) Mobilization of Resources and Collaboration: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program.
4. (20 points) Quality and Provision of Services: Describe activities in your program or community that are unique and meet or surpass the Head Start Program Performance Standards.
5. (30 points) Special Contributions: Describe in 500 words or less (no more than two typewritten, double spaced pages) any special contributions you have made to the program that have had a positive impact on services on the total program. Please be very specific.

Letters of Reference (10 points)
Include three letters of reference. Each letter must be from different individuals who know you in the following capacities:
supervisor, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters.
Applications not including all three letters will not be considered.

Revised March 2026

Early Head Start Teacher Award

[redacted]

Patricia Beier Family Advocate

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:
_____Local Program Director
initial here before submitting to the state association.
[redacted]

This is a state award for NC

Nominee (Provide the contact information for the actual nominee - do not use agency or staff information; do not use abbreviations)

Nominee		Date			
Position Title					
Agency Hire Date		Hire Date in Current Position			
State		Program Member #		Individual Member #	
Mailing Address of Nominee					
City		State		Zip Code	
Primary Phone#		Other Phone #			
E-mail					

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
E-Mail					
Alternate Agency Contact for Awards Process					
E-Mail					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

Submission Checklist: Check each box to indicate that required materials are attached.

□ Application Form

[redacted]

□ Reference Letters

Statements:

□ Length or Service in the Program
□ Training, Qualifications, and Credentials
□ Mobilization of Resources and Collaboration
□ Quality and Provision of Services
□ Special Contributions

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local reci ients to our state association. Contact our state association for filing deadline.

[redacted]

Staff of the Year Award

Overview

This award recognizes the significant contributions and extraordinary dedication of professional staff in the fulfillment of the organization's mission and established goals.

General Information

- The award recipient will receive a commemorative plaque..
- Applicant must serve in a position directly related to this year's emphasis area.
- The application must only describe the applicant's responsibilities in their current professional role.
- Applicant must be a program employee for at least one year with the nominating program.
- Applications must reflect services contributed during the specified program year as of June 30.
- Applicant must possess at least an associate degree and submit proof of credentials.
- The local program must be a current agency member of RIVHSA.
- Applicant must be a current individual member of RIVHSA.

General Rules and Regulations

- State affiliates must submit state nominees to NCHSA by the **January 11, 2027** filing deadline. All entries should be sent e lectronically.

- All scholarship and award applications must reflect services contributed during the specified program year.
- Grantees and state affiliates must be current RIVHSA members. Some award/scholarship types require individual membership. Non-member applications will not be considered.
- Applicant may not be nominated for more than one regional category per year.
- All criteria for an award or scholarship must be met. Incomplete applications will not be considered.

- Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.
- Applicant must be willing to allow RIVHSA or NHSA to publicize their nomination.
- RIVHSA is not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

Questionnaire (90 points)
On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Length or Service in the Program: What year did you start? What positions have you held?
2. (15 points) Training, Qualifications, and Credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess?
3. (15 points) Mobilization of Resources and Collaboration: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program.
4. (20 points) Quality and Provision of Services: Describe activities in your program or community that are unique and meet or surpass the Head Start Program Performance Standards.
5. (30 points) Special Contributions: Describe in 500 words or less (no more than two typewritten, double spaced pages) any special contributions you have made to the program that have had a positive impact on services on the total program. Please be very specific.

Letters of Reference (10 points)
Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: supervisor, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Revised March 2026

For NC this is also our Patricia Beier Family Advocate of the Year

Staff of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

☐ 2028: Parent, Family, and Community Engagement

For Administrative Use Only:
_____Local Program Director
initial here before submitting to the state association.
_____State Association

Nominee (Provide the contact information for the actual nominee - do not use agency or staff information; do not use abbreviations)

Nominee		Date			
Position Title					
Agency Hire Date		Hire Date in Current Position			
State		Program Member #		Individual Member #	
Mailing Address of Nominee					
City		State		Zip Code	
Primary Phone#		Other Phone #			
E-mail					

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
E-Mail					
Alternate Agency Contact for Awards Process					
E-Mail					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

Submission Checklist: Check each box to indicate that required materials are attached.

- □ Application Form
- □ Proof of highest post-secondary degree completed (e.g. copy of degree or transcript)
- □ Reference Letters
- □

Statements:
- □ Length or Service in the Program
- □ Training, Qualifications, and Credentials
- □ Mobilization of Resources and Collaboration
- □ Quality and Provision of Services
- □ Special Contributions

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.

Support Staff of the Year Award

Overview

This award recognizes the significant contributions and extraordinary dedication of support staff in the fulfillment of the organization's mission and established goals.

General Information

- The award recipient will receive a commemorative plaque.
- Applicant must serve in a position directly related to this year's emphasis area.
- The application must only describe the applicant's responsibilities in their current professional role.
- Applicant must be a program employee for at least one year with the nominating program.
- Applications must reflect services contributed during the specified program year as of June 30.
- Applicant must possess at least an associate degree and submit proof of credentials.
- The local program must be a current agency member of NCHSA and RIVHSA.
- Applicant must be a current individual member of NCHSA and RIVHSA.

General Rules and Regulations

- State affiliates must submit state nominees to RIVHSA by the **January 11, 2026** filing deadline. All entries should be submitted e lectronically
- All scholarship and award applications must reflect services contributed during the specified program year.
- Grantees and state affiliates must be current NCHSA and RIVHSA members. Some award/scholarship types require individual membership.
  Non-member applications will not be considered.
- Applicant may not be nominated for more than one regional category per year.
- All criteria for an award or scholarship must be met. Incomplete applications will not be considered. Nominees will be contacted primarily via email.
- Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.
- Applicant must be willing to allow NCHSA, RIVHSA or NHSA to publicize their nomination.
- NCHSA is not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

Questionnaire (90 points)
On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Length or Service in the Program: What year did you start? What positions have you held?
2. (15 points) Training, Qualifications, and Credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess?
3. (15 points) Mobilization of Resources and Collaboration: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program.
4. (20 points) Quality and Provision of Services: Describe activities in your program or community that are unique and meet or surpass the Head Start Program Performance Standards.
5. (30 points) Special Contributions: Describe in 500 words or less (no more than two typewritten, double spaced pages) any special contributions you have made to the program that have had a positive impact on services on the total program. Please be very specific.

Letters of Reference (10 points)
Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: supervisor, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Revised March 2026

Support Staff of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

☐ 2028: Administrative Support

For Administrative Use Only:
_____Local Program Director
initial here before submitting to the state association.

_____State Association President
initial here before submitting to RIVHSA

Nominee (Provide the contact information for the actual nominee - do not use agency or staff information; do not use abbreviations)

Nominee		Date			
Position Title					
Agency Hire Date		Hire Date in Current Position			
State		Program Member #		Individual Member #	
Mailing Address of Nominee					
City		State		Zip Code	
Primary Phone#		Other Phone #			
E-mail					

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
E-Mail					
Alternate Agency Contact for Awards Process					
E-Mail					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

Submission Checklist: Check each box to indicate that required materials are attached.

- ☐ Application Form
- ☐ Proof of highest post-secondary degree completed (e.g. copy of degree or transcript)
- ☐ Reference Letters

Statements:
- ☐ Length or Service in the Program
- ☐ Training, Qualifications, and Credentials
- ☐ Mobilization of Resources and Collaboration
- ☐ Quality and Provision of Services
- ☐ Special Contributions

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.

Achievement Award: Disability Services Coordinator

Overview

This award recognizes exceptional performance in the delivery of services to children with disabilities and supporting parents in their role as advocates for their children.

General Information

- The award recipient will receive a commemorative plaque
- Applicant must be a Head Start/Early Head Start Coordinator of Disability Services or in a combined position responsible for disability services.
- The application must only describe the applicant's responsibilities in their current professional role.
- Applicant must be a program employee for at least one year with the nominating program.
- Applications must reflect services contributed during the specified program year as of June 30.
- Applicant must have credentials beyond a high school diploma; minimum of an associate degree.
- The local program must be a current agency member of NCHSA and RIVHSA.
- Applicant must be a current individual member of NCHSA and RIVHSA.

General Rules and Regulations

- State affiliates must submit state nominees to NCHSA by the **January 11, 2027** filing deadline. All entries should be submitted e lectronically
- All scholarship and award applications must reflect services contributed during the specified program year.
- Grantees and state affiliates must be current NCHSA and RIVHSA members. Some award/scholarship types require individual membership.
  Non-member applications will not be considered.
- Applicant may not be nominated for more than **one regional category per year**.
- All criteria for an award or scholarship must be met. Incomplete applications will not be considered. Nominees will be contacted primarily via email.
- Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.
- Applicant must be willing to allow NCHSA, RIVHSA or NHSA to publicize their nomination.
- NCHSA is not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

Questionnaire (90 points)
On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Length or Service in the Program: What year did you start? What positions have you held?
2. (15 points) Training, Qualifications, and Credentials: At what level did you begin? What training appropriate to your position have you acquired? What credentials do you possess?
3. (15 points) Mobilization of Resources and Collaboration: List activities or projects in which you are (or have been) involved that demonstrate your ability to mobilize necessary resources to provide and enhance services to children and their families. Please include the size of your program.
4. (20 points) Quality and Provision of Services: Describe activities in your program or community that are unique and meet or surpass the Head Start Program Performance Standards.
5. (30 points) Special Contributions: Describe in 500 words or less (no more than two typewritten, double spaced pages) any special contributions you have made to the program that have had a positive impact on services on the total program. Please be very specific.

Letters of Reference (10 points)
Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: supervisor, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Revised March 2026

Achievement Award: Disability Services Coordinator

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:
_____Local Program Director
initial here before submitting to the state association.

_____State Association President
initial here before submitting to RIVHSA

Nominee (Provide the contact information for the actual nominee - do not use agency or staff information; do not use abbreviations)

Nominee		Date			
Position Title					
Agency Hire Date		Hire Date in Current Position			
State		Program Member #		Individual Member #	
Mailing Address of Nominee					
City		State		Zip Code	
Primary Phone#		Other Phone #			
E-mail					

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
E-Mail					
Alternate Agency Contact for Awards Process					
E-Mail					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

Submission Checklist: Check each box to indicate that required materials are attached.

- □ Application Form
- □ Proof of highest post-secondary degree completed (e.g. copy of degree or transcript)
- □ Reference Letters

Statements:

- □ Length or Service in the Program
- □ Training, Qualifications, and Credentials
- □ Mobilization of Resources and Collaboration
- □ Quality and Provision of Services
- □ Special Contributions

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.

Oral Health Award

Overview

This award recognizes exceptional leadership and commitment toward improving the oral health of children and their families.

General Information

1. The award recipient will receive a commemorative plaque and $250 grant award to support oral health activities at their local program.
2. Applicant must be a Head Start/Early Head Start program that sufficiently outlines how this award will be used to promote oral health practices in the classroom, including parent involvement and utilization of Colgate's Bright Smiles, Bright Futures program.
3. The local program must be a current agency member of NCHSA and RIVHSA.

General Rules and Regulations

- State affiliates must submit state nominees to NCHSA by the **January 11, 2027** filing deadline. All entires should be submitted e lectronically

- All scholarship and award applications must reflect services contributed during the specified program year.
- Grantees and state affiliates must be current RIVHSA members. Some award/scholarship types require individual membership. Non-member applications will not be considered.
- Applicant may not be nominated for more than **one regional category per year.**
- All criteria for an award or scholarship must be met. Incomplete applications will not be considered. Nominees will be contacted primarily via email.
- Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.
- Applicant must be willing to allow NCHSA, RIVHSA or NHSA to publicize their nomination.
- NCHSA is not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

Questionnaire (100 points)

1. (20 points) Need: Describe the current oral health activities in your local programs, the size of your program, and discuss the need to enhance your present efforts.
2. (30 points) Activities: Describe what activities you plan to implement with the help of this award and the benefit students will receive from these activities.
3. (10 points) Bright Smiles, Bright Futures: Discuss how the Bright Smiles, Bright Futures program will be utilized as part of your programming efforts.
4. (20 points) Parent Involvement: Describe how parents will be involved in oral health activities and the benefits they will receive from changes to the program's oral health practices.
5. (20 points) Program Goals: Outline your program's short-term and long-term goals as they pertain to oral health practices in your program.

Revised March 2026

Oral Health Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:
_____Local Program Director
initial here before submitting to the state association.

_____State Association President
initial here before submitting to RIVHSA

Nominated Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
E-Mail					
Alternate Agency Contact for Awards Process					
E-Mail					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

Submission Checklist: Check each box to indicate that required materials are attached.

□ Application Form

Statements:

- □ Need
- □ Activities
- □ Bright Smiles, Bright Futures
- □ Parent Involvement
- □ Program Goals

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.

Beating the Odds Award

Overview

This award recognizes a Head Start/Early Head Start parent who has overcome significant challenges on the journey to self-sufficiency.

General Information

- The award recipient will receive a commemorative plaque and $250 award.
- Applicant must be a Head Start/Early Head Start parent and not a paid employee.
- Applicant must have volunteered in the Head Start/Early Head Start program.
- The local program must be a current agency member of NCHSA and RIVHSA.

General Rules and Regulations

- State affiliates must submit state nominees to NCHSA by the **January 11, 2027** filing deadline. All entries are to be submitted e lectronically.

- All scholarship and award applications must reflect services contributed during the specified program year.
- Grantees and state affiliates must be current RIVHSA members. Some award/scholarship types require individual membership. Non-member applications will not be considered.
- Applicant may not be nominated for more than **one regional category per year.**
- All criteria for an award or scholarship must be met. Incomplete applications will not be considered. Nominees will be contacted primarily via email.
- Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.
- Applicant must be willing to allow NCHSA, RIVHSA or NHSA to publicize their nomination.
- NCHSA is not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

Questionnaire (90 points)
On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Positions: List any positions held by the individual (i.e. center committee, policy council) and the number of volunteer hours contributed in the specified program year.
2. (30 points) Self-Sufficiency: Describe how the individual has overcome obstacles, persevered through hardships, and taken steps toward self-sufficiency.
3. (20 points) Career Advancement: Describe the steps the individual has taken or participation in programs that has led toward career advancement.
4. (30 points) Personal and Professional Goals: Describe the individual's goals/aspirations for their career, education and future.

Letters of Reference (10 points)
Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: professionally, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Revised March 2026

Beating the Odds Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:
_____Local Program Director
initial here before submitting to the state association.

_____State Association President
initial here before submitting to RIVHSA

Nominee (Provide the contact information for the actual nominee - do not use agency or staff information; do not use abbreviations)

Nominee		Date			
State		Program Member #		Individual Member #	
Mailing Address of Nominee					
City		State		Zip Code	
Primary Phone#		Other Phone #			
E-mail					

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
E-Mail					
Alternate Agency Contact for Awards Process					
E-Mail					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

Submission Checklist: Check each box to indicate that required materials are attached.

- □ Application Form
- □ Reference Letters

Statements

- □ Indicate actual years nominee was Head Start parent.
- □ Indicate whether the nominee was a paid employee during the specified program year.
- □ Positions
- □ Self-Sufficiency
- □ Career Advancement
- □ Personal and Professional Goals

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.

Parent of the Year Award

Overview

This award honors a Head Start/Early Head Start father who has demonstrated the ability to serve as a role model for his children and to make a positive difference in the community.

General Information

- The award recipient will receive a commemorative plaque and $250 award.
- Applicant must be a Head Start/Early Head Start parent and not a paid employee.
- Applicant must have volunteered in the Head Start/Early Head Start program.
- The local program must be a current agency member of NCHSA and RIVHSA.

General Rules and Regulations

- State affiliates must submit state nominees to NCHSA by the **January 11, 2027** filing deadline. All entries should be submitted e lectronically
- All scholarship and award applications must reflect services contributed during the specified program year.
- Grantees and state affiliates must be current NCHSA and RIVHSA members. Some award/scholarship types require individual membership.
  Non-member applications will not be considered.
- Applicant may not be nominated for more than **one regional category per year.**
- All criteria for an award or scholarship must be met. Incomplete applications will not be considered.
- Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.
- Applicant must be willing to allow NCHSA, RIVHSA or NHSA to publicize their nomination.
- NCHSAis not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

Questionnaire (90 points)
On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (10 points) Positions: List any positions held by the individual (i.e. center committee, policy council) and the number of volunteer hours contributed in the specified program year.
2. (30 points) Self-Sufficiency: Describe how the individual has overcome obstacles, persevered through hardships, and taken steps toward self-sufficiency.
3. (30 points) Career advancement: Describe the steps the individual has taken or participation in programs that has led toward career advancement.
4. (30 points) Personal and Professional Goals: Describe the individual's goals/aspirations for their career, education and future.

Letters of Reference (10 points)
Include three letters of reference. Each letter must be from different individuals who know you in the following capacities: professionally, personally, or as a volunteer or community member. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Revised March 2026

Parent of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:
_____Local Program Director
initial here before submitting to the state association.

_____State Association President
initial here before submitting to RIVHSA

Nominee (Provide the contact information for the actual nominee - do not use agency or staff information; do not use abbreviations)

Nominee				Date	
State		Program Member #		Individual Member #	
Mailing Address of Nominee					
City			State	Zip Code	
Primary Phone#			Other Phone #		
E-mail					

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
E-Mail					
Alternate Agency Contact for Awards Process					
E-Mail					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

Submission Checklist: Check each box to indicate that required materials are attached.

- □ Application Form
- □ Reference Letters

Statements:

- □ Indicate actual years nominee was Head Start parent.
- □ Indicate whether the nominee was a paid employee during the specified program year.
- □ Positions
- □ Self-Sufficiency
- □ Career Advancement
- □ Personal and Professional Goals

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.

Father of the Year Award

Overview

This award honors a Head Start/Early Head Start father who has demonstrated the ability to serve as a role model for his children and to make a positive difference in the community.

General Information

- The award recipient will receive a commemorative plaque and $250 award.
- Applicant must be a Head Start/Early Head Start father and not a paid employee. The Program Performance Standards 1305.2(2) definition of a father will be adhered to.
- Nominee must model increased educational involvement and personal responsibility in the lives of his own children
  - as well as improved personal development resulting from his Head Start/Early Head Start experience.
- The local program must be a current agency member of NCHSA and RIVHSA.

General Rules and Regulations

- State affiliates must submit state nominees to NCHSA by the **January 11, 2027** filing deadline. All entries should be submitted e lectronically
- All scholarship and award applications must reflect services contributed during the specified program year.
- Grantees and state affiliates must be current NCHSA and RIVHSA members. Some award/scholarship types require individual membership.
  Non-member applications will not be considered.
- Applicant may not be nominated for more than **one regional category per year.**
- All criteria for an award or scholarship must be met. Incomplete applications will not be considered.

- Individuals selected for an award or scholarship must be able to provide required information to redeem cash awards.
- Applicant must be willing to allow NCHSA, RIVHSA or NHSA to publicize their nomination.
- NCHSA is not responsible for travel or other expenses associated with recipient attendance at the awards ceremony.

Applying for the Award

Questionnaire (90 points)
On a separate sheet, respond to each question in 500 words or less. The maximum point value is indicated in parentheses. Judges will rate specific, not subjective, information.

1. (20 points) Volunteering: Describe the ways the individual has volunteered or worked in the program.
2. (20 points) Participation: Describe the program activities he participated in with his child or children.
3. (30 points) Development: Describe how the fatherhood program has helped him develop.
4. (20 points) Personal: Describe why he should be selected as the Father of the Year. Please be very specific.

Letters of Reference (10 points)
Include three letters of reference.

1. Two letters must be from people who know the individual as a program volunteer and/or fatherhood program participant.
2. The third letter may be personal. Judges will rate the overall effectiveness of the letters. Applications not including all three letters will not be considered.

Revised March 2026

Father of the Year Award

Be sure to complete the form below in its entirety.
All fields are required. Please type or print clearly.

For Administrative Use Only:
_____Local Program Director
initial here before submitting to the state association.

_____State Association President
initial here before submitting to RIVHSA

Nominee (Provide the contact information for the actual nominee - do not use agency or staff information; do not use abbreviations)

Nominee				Date	
State		Program Member #		Individual Member #	
Mailing Address of Nominee					
City			State		Zip Code
Primary Phone#			Other Phone #		
E-mail					

Nominating Grantee (Use agency information not the local center. Indicate the formal grantee name; no abbreviations)

Agency Name					
Head Start or Early Head Start Director					
E-Mail					
Alternate Agency Contact for Awards Process					
E-Mail					
Grantee Mailing Address					
City		State		Zip Code	
Telephone		Fax			

Submission Checklist: Check each box to indicate that required materials are attached.

- □ Application Form
- □ Reference Letters

Statements:

- □ Indicate actual years nominee was Head Start parent.
- □ Indicate whether the nominee was a paid employee during the specified program year.
- □ Volunteering
- □ Participation
- □ Development
- □ Personal

Application Process

- NOMINEE: Submit all items listed above to your local Head Start/Early Head Start grantee
- GRANTEE: Submit local recipients to your state association. Contact your state association for filing deadline.
- STATE ASSOCIATION: Submit state recipients to RIVHSA by the filing deadline.