

CITIZENS FOR CITIZENS, INC.
264 GRIFFIN STREET
FALL RIVER, MA 02724

"ADAM CLAYTON POWELL AWARD"
AMOUNT \$ 750.00

General Information/Instructions:

1. **ELIGIBILITY** - PARENT OF CURRENT OR FORMER PARTICIPANTS IN THE FOLLOWING CITIZENS FOR CITIZENS PROGRAMS ARE ELIGIBLE TO APPLY: HEAD START PROGRAM, AFTER SCHOOL DAY CARE PROGRAM, EXTENDED DAY CARE PROGRAM, and FAMILY CHILD CARE PROGRAM.
2. **SELECTION CRITERIA** – Applicants will be judged upon the following criteria listed in order of priority.
 - a. Academic performance including difficulty of academic program, and class rank
 - b. Economic need
 - c. Extracurricular activities
 - d. Community service
 - e. Career goal
3. *Applications will be available on or after Monday, March 2, 2009 at the administrative offices of Citizens for Citizens, Inc. or at the offices of the Head Start Program, CFC's After School Day Care Program/Extended Day Care, CFC's Family Child Care Program, all of which are located at 427 Robeson Street, Fall River, Massachusetts. **ABSOLUTE DEADLINE FOR APPLICATIONS IS FRIDAY, May 1, 2009.***
4. Application must be typed or clearly printed using a **BLACK PEN.**

Award Criteria:

This award has been established to recognize a parent of a current or former participant in our Head Start, Family Child Care, After School Day Care, Extended Day Care Programs. Applicants must have completed or be enrolled in a two or four year college

program as a full-time student or through the Division of Continuing Education, or enrolled in an accredited technical school program, day or evening. Special interest courses not part of a formal college or technical school program that may have been offered at a college do not qualify.

Applications for applicants applying under the academic achievement component consists of the following:

1. A completed application form.
2. A *COPY* of any *DEGREES OR TECHNICAL SCHOOL DIPLOMAS* already attained.
3. An *OFFICIAL TRANSCRIPT* of your college(s) accomplishments to date or of your accredited technical school accomplishments. Your college or technical school, in most instances, will not give you an official transcript directly but will mail one to the CFC Scholarship Committee at 427 Robeson Street, Fall River, MA 02720, Attention: Thomas E. Alecrim. You, the applicant, are responsible to arrange for this.
4. A letter of recommendation from your college or technical school.
5. A narrative not to exceed one typed or two handwritten pages as to why you should receive this award.

Note: No consideration will be given to applications received after the previously stated deadline or which are incomplete.

All information connected with this application will remain confidential with the CFC Scholarship Committee. Once the committee selects the recipient the remaining applications will be destroyed.

C.F.C. Scholarship Committee may choose to interview some or all applicants. If such is the case, you will be contacted by CFC staff regarding the date, time and location of the interview.

The selected recipient will be notified of his/her selection and will be invited to attend the annual Board of Directors meeting of Citizens for Citizens, Inc. which is normally held in June. At the meeting the recipient will be presented a check in the amount of Seven Hundred Fifty Dollars (\$750.00) made payable to the recipient.

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"ADAM CLAYTON POWELL ACHIEVEMENT AWARD"
(AWARD AMOUNT \$ 750.00)

(Please read the attached "General Information/Instruction" sheet prior to completing this application.)

1. Biographical Data:

Name: _____
Last First M.I.

Address: _____
Number Street City/Town Zip Code

Telephone: (____) _____
Area Code

Date of Birth: _____

Marital Status: (circle one) S M D Sep. Wid.

If different than the above, address at the time you, your child or children attended any of the following programs administered by Citizens for Citizens, Inc.'s Head Start, After School Day Care Program, Family Child Care Program, Extended Day Care.

Number Street

City/Town Zip Code

Name (s) of child or children who attended CFC's Head Start, CFC's After School Day Care, CFC's Family Child Care or Extended Day Care.

Circle Program

Name: _____ Year Attended _____ HS ASDC FCCP
First Last EXD

Name: _____ Year Attended _____ HS ASDC FCCP
First Last EXD

Name: _____ Year Attended _____ HS ASDC FCCP
First Last EXD

Average number hours employed per week: _____

Dependents: For all dependents living in your household

<u>Name</u>	<u>Age</u>	<u>Employed or Student</u>	<u>Grade or Gross Wages</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

College, Junior College or Technical School which you completed or are currently enrolled.

Name of School: _____

City/Town: _____

Type and Field of Degree: _____

Date Degree Awarded or Expected: _____

Honors or Activities: _____

You may have attended more than one college/technical school. If so, attach a separate sheet giving details.

Reminder: You are responsible to have forwarded "official" transcripts on your degree (s) or technical diplomas whether or not you have completed the entire program.

Financial Aid

You must list all financial aid awarded. If you receive financial aid after submitting your application, submit to us a short note giving your name, name of the scholarship/grant, etc. and the amount.

Name of Scholarship/Grant

Amount

_____	_____
_____	_____
_____	_____
_____	_____

Community Involvement:

List any organizations to which you belong or are a member of the governing body.

If you feel there are any "special circumstances" which apply to you or your family which you feel the CFC Scholarship Committee should consider, please attach a separate page describing it or them.

Date: _____

Your Signature