The **Lori McGough Harkness Scholarship** for the Early Childhood Lab (ECHL) at Stephen F. Austin State University is intended to financially support families with multiple children enrolled in the ECHL.

**Lori McGough Harkness Scholarship** recipients will be selected by a committee which will include representatives within the ECHL. The following criteria will be applied. Applicants must: (1) have more than one child enrolled in the ECHL; (2) the children must reside in the same household as the parents/guardians applying for the scholarship; (3) both custodial parents/guardians (or one if the children live with only one parent/guardian) must have the employment status of full-time or they may be enrolled at SFA as a full-time student; (4) have proof of identification for each parent/guardian in the home; (5) families receiving the scholarship are expected to be current with tuition and remain current with their portion of their child’s care expenses.

**Application Process**: (1) Please type or print clearly all appropriate information requested on this form. (2) Submit a narrative letter explaining how a childcare scholarship will impact them and their family. For additional information, please contact Deedra Vaughan, (936) 468-4006.

**MAILING INSTRUCTIONS**: This application and the narrative may be mailed, emailed or hand-delivered directly to: Deedra Vaughan, Assistant to the Director of ECHL, P. O. Box 6072 SFA, Nacogdoches, Texas 75962. Telephone Number: (936) 468-4006. Email: vaughannd@sfasu.edu Location: Janice Pattillo Early Childhood Research Center, ECHL main office, room 101.

**Deadline**: Completed application file should be delivered or postmarked by August 31, 2019.

**Narrative Instructions**: The narrative must be typed and double-spaced with one inch margins. Do not type on the back of the first page. Include your name on the top right corner of each page.
PERSONAL DATA

Parent 1 Information

Parent 1 Name ____________________________________________ Male □ Female □

Employment Status □ Full-time □ Part-time □ Full-time SFA Student □ Other _____________________________

MySFA ID Number (if applicable) ______________________

Address ____________________________________________

Email addresses (1)____________________________________ (2) ____________________________________________

Home Telephone # __________________ Mobile _____________ Emergency __________________

Parent 2 Information

Parent 2 Name ____________________________________________ Male □ Female □

Employment Status □ Full-time □ Part-time □ Full-time SFA Student □ Other _____________________________

MySFA ID Number (if applicable) ______________________

Address ____________________________________________

Email addresses (1)____________________________________ (2) ____________________________________________

Home Telephone # __________________ Mobile _____________ Emergency __________________

Children Information

Child #1 Enrolled at ECHL ________________________________ Male □ Female □

Current Class __________________________________________

Child #2 Enrolled at ECHL ________________________________ Male □ Female □

Current Class __________________________________________

Child #3 Enrolled at ECHL ________________________________ Male □ Female □

Current Class __________________________________________

Child #4 Enrolled at ECHL ________________________________ Male □ Female □

Current Class __________________________________________

Presently the children live with (please check one):

□ Both Parents □ Mother □ Father □ Father & Step Mother □ Mother & Step Father

□ Other (please identify) __________________________________________

Date of Application: ____________________________ Signature of Parent 1 ____________________________

Signature of Parent 2 ____________________________