

# **SOUTH CAROLINA STATE HEAD START ASSOCIATION, INC.**

*“Investing in Our Future.....One Child at a Time”*



*Senekita Farmer, State President*  
Lowcountry CAA  
Post Office Box 1726  
Walterboro, SC 29488

Telephone: (843) 835-2760  
Email: [Senekita.farmer@lowcountrycaa.org](mailto:Senekita.farmer@lowcountrycaa.org)

VACANT, Vice-President

*René Vaughn, Treasurer*  
SHARE HS/EHS

*Monica McFarland, Secretary*  
SCACAP EHS-CCP

*Jerome Thompson, Parliamentarian*  
SHARE HS/EHS

Ref: **2026-2027 South Carolina State Head Start Association Program Membership Dues**

**Dear SCSHSA Family:**

The South Carolina State Head Start Association is encouraging all **Head Start, Early Head Start, Migrant Head Start, EHS Child Care Partnerships and Indian Nation Head Start Programs** to please support your state Head Start Association through your annual membership dues. Our Agency dues structure is based on your Programs funded enrollment, while individual dues are based on your role. Refer to chart below to determine your membership rate. Please note that membership dues (Program & Individual) are required in order for your Program to participate as an agency and/or regular member of statewide and regional initiatives such as **trainings, conferences, supplemental grant opportunities, State/Regional/National awards, State TSG partnership, mailings, etc.** We solicit your continued support to our Association's mission and vision for the children and families of South Carolina.

**If paying by check, please make payable to the South Carolina State Head Start Association, Inc. Please send to René Vaughn, SCSHSA Treasurer, PO Box 344, Greenville, SC 29602.**

We are now using the AssociationSphere membership hub. Each agency must complete their Membership Application online. <https://app.asforms.net/api/as/46j941>

*Thank you for your cooperation and support in this very timely and important matter. If you have any questions or concerns, please contact Senekita Farmer @ (843) 549-5576 Ext:115, or [senekita.farmer@lowcountrycaa.org](mailto:senekita.farmer@lowcountrycaa.org) or René Vaughn @ (864) 282-2181, [rblanton@sharesc.org](mailto:rblanton@sharesc.org)*

In the Spirit of Partnerships,

*Senekita Farmer*

Senekita Farmer  
SCSHSA President

*Enclosures: Membership Procedures, Fee Structure & Data Collection Form*



## SOUTH CAROLINA STATE HEAD START ASSOCIATION MEMBERSHIP PROCEDURES



The following steps below are the procedures as it pertains to the submission of membership dues to the South Carolina State Head Start Association for your Program. We ask that you adhere to these procedures to ensure the proper recording of your program's documented membership.

1. The Agency Membership Campaign will be initiated annually in August, these efforts are ongoing.
2. Membership Year will be from Spring Conference to Spring Conference of the following year.
3. Agency/Program dues are to be paid by **December 31<sup>st</sup>** of each year. (*Please pay prior to our Spring Training Conference*)
4. Agencies **MUST** be a **CURRENT and NEW** member by **March 31<sup>st</sup>** of each year to be considered for Awards. (**BOTH MUST BE PAID & CURRENT**)
  - a. *Current Membership: April 1, 2025 – March 31, 2026*
  - b. *New Year Membership: April 1, 2026 – March 31, 2027*

Welcome to ***AssociationSphere*** our online membership hub!

Directors (or Designee):

5. Use the link to set-up your free agency *AssociationSphere* account by using your email and creating a password. **<https://app.asforms.net/api/as/46j941>**
6. You will then be directed to the payment page.
7. You may **PAY ONLINE** (fee charged) or **MAIL IN PAYMENT**.
8. Complete the attached Data Form and email to [rblanton@sharesc.org](mailto:rblanton@sharesc.org).
9. Membership/Engagement is crucial to the sustainability of our Association.



**SOUTH CAROLINA STATE HEAD START ASSOCIATION  
AGENCY MEMBERSHIP FEE STRUCTURE**



YEAR: **2026-2027**

**Structure based on Funded Enrollment**

<b>Enrollment Level</b>	<b>Amount</b>	<b>Enrollment Level</b>	<b>Amount</b>
1 – 200	\$175.00	1201 – 2400	\$1,600.00
201 - 400	\$400.00	2401 – (+)	\$2,000.00
401 - 800	\$800.00	Corporate Donor (Info will be listed on website)	\$2,500.00
801 - 1200	\$1,200.00		

Please click the link or scan the QR Code to complete your **Agency Membership (ONLY)**  
Create a free account

<https://app.asforms.net/api/as/46j941>

QR Code:



**Pay Online (fee charged)                      OR**

**Complete application online, then Mail Payment:  
SCSHSA**

**René Vaughn, State Association Treasurer  
PO Box 344 Greenville, SC 29602  
(864)282-2181 (office) (864)233-4019 (fax)**



# SCSHSA Data Form

Name: Preschool/CCP			
Recipient Name:			
Name of Director:			
E-mail:			
Membership Contact Name:		Email:	
Funded Enrollment: Head Start: _____ Early Head Start: _____ EHS-CCP: _____ AI/Migrant: _____			
Number of Centers:		Number of Classrooms:	
<b>NHSA Program of Achievement</b>		<b>NHSA Program of Excellence</b>	
Most Recent Year Awarded:		Most Recent Year Awarded:	
<b>National Association for the Education of Young Children Accreditation - (NAEYC)</b>		<b>State Licensure</b>	
Number of Center(s) Accredited:		Number of Center(s) Licensed:	
Total Number ABC Quality Centers:		Name of database tracking system(s) used (Health/Educational/Family):	
Present Educational Curriculum:		Present Parent Curriculum:	
Present Assessment Tool(s):		Present Pregnant Women Curriculum:	
T/TA Support Needed:			

Rev. 2/26