

KANSAS FCCLA ALUMNI & ASSOCIATES SCHOLARSHIP APPLICATION DIRECTIONS

Please email a copy of your completed Scholarship Application to: Shandi Andres at: sdandres@ksu.edu by February 20

ELIGIBILITY: To be eligible, an applicant must have:

- Been an active FCCLA member for three semesters
- Completed at least <u>two semesters</u> of Family and Consumer Sciences <u>at the high school level</u>
- An above-average scholastic record
- Participated in school and community activities
- Plan for a career in any field.

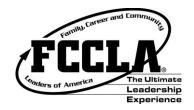
PROVISIONS FOR AWARDING SCHOLARSHIPS:

- The scholarship is available to FCCLA members and former members.
- It is available to prospective college freshman or upperclassmen who meet the above criteria.
- Scholarship recipients may reapply for scholarship.
- May attend any two or four-year college or university in Kansas.
- Five, \$500 scholarships may be awarded.
- Scholarships will be paid directly to the institution after receiving verification of enrollment from the scholarship recipient.
- Applications must be sent to the State FCCLA Office.
- Recipients will be announced at the annual State Leadership Conference.

HIGH SCHOOL SENIORS should complete the entire application form and return it with a high school transcript with the counselor's signature. On a separate paper, please list your FACS courses taken in high school and the length of time in which you took them. (One or two semesters)

COLLEGE STUDENTS applying for the first time or reapplying should complete the entire form, adding college information in items IV, V, VI, VII, VIII, and XV, and include a college transcript.

SCHOLARSHIP RECIPIENTS APPLYING FOR RENEWAL should complete I, IV, V, VI, VII, VIII, X, XI, XIII, and XV. List college information only and include college transcript.



KANSAS FCCLA ALUMNI & ASSOCIATES SCHOLARSHIP APPLICATION FORM

DO NOT ALTER THE FORMAT OF THIS APPLICATION AND PLEASE TYPE EVERYTHING IN AN ARIAL 12-POINT FONT.

	Date of Application:					
	Name of Applicant:					
	Applicant Address:					
	Parent's Names:					
	Parent's Address:					
	Total Semesters of FACS		ses Taken:			
	Years as an FCCLA Men	nber:				
			1			
II.	High School(s) Attended					
	High School(s) Address:					
	Dates Attended:					
	Graduation Date:					
III.	Summarize your FCCLA	Activ	ities. List the of	fices you held	l .	
IV.	Summarize your school a	ctiviti	es other than FC			
1 7 .	Bullillarize your school a	CHVIII	es other than I es	CLII.		

V.	Summarize your FACS activities and p	rojects.					
X 7 X							
VI.	Summarize your community and state a	activities.					
VII.	List high school or college scholastic he	onors. (Honorary Societies, e	tc.)				
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VIII.	List your work experience. Include you	ur employer, the type of work	, and your dates of				
	employment.						
IX.	What college or university in Kansas						
	do you plan to attend?						
X.	Itemize Financial Information for the coming year:						
	Amount College will cost:		\$				
	RESOURCES						
	Assistance from Parents:	\$					
	Savings:	\$					
	Summer employments						
	Summer employment:	\$					
	Work in College:	\$					
	Work in College: Scholarships or other:	\$					
	Work in College: Scholarships or other: TOTAL RESOURCES	\$	\$				
ΧΙ	Work in College: Scholarships or other: TOTAL RESOURCES Total Amount Needed:	\$	\$				
XI.	Work in College: Scholarships or other: TOTAL RESOURCES Total Amount Needed: Explain the following:	\$ \$ \$	\$				
XI.	Work in College: Scholarships or other: TOTAL RESOURCES Total Amount Needed:	\$ \$ \$	\$				
XI.	Work in College: Scholarships or other: TOTAL RESOURCES Total Amount Needed: Explain the following:	\$ \$ \$	\$				

	What are your plans upon completing college?						
XII.	Describe your family, number of members, occupation	ons, etc.					
XIII.	Include with your application form:						
	Statement from your advisor summarizing your FCCLA and FACS activities.						
	Statement of recommendation from School Administrator. (College Students include college						
	advisor statement.)						
	High School Transcript (Must have a B average or above) If attending college, send college						
	transcript only.						
XIV.	Signature of Applicant	Date:					

Please email a copy of your completed Scholarship Application, Advisor Statement,
School Administrator Recommendation and Transcript to:
Shandi Andres at sdandres@ksu.edu by February 20

Please send as 1 pdf if possible.

ALUMNI & ASSOCIATES SCHOLARSHIP APPLICATION SCORE CARD

TO BE COMPLETED BY THE EVALUATION COMMITTEE

NAME AND ADDRESS:	
NAME AND ADDRESS.	

CRITERIA	10	9	8	7	6	5	4	3	2	1	COMMENTS
Grades and HE/FACS Classes											
FCCLA Activities & Offices											
School Activities											
HE/FACS Activities											
Community and State Activities											
Honors											
Work Experience											
Expenses Needed											
Reasons for Continuing Education											
Family Description											
FCCLA Advisor Recommendation											
Admin./College Advisor Recommendation											
Career Plan											
Financial Needs											
Grammar/Spelling/ Neatness											

Reapplying for scholarship:	
Applying for community college:	Applying for four-year college or university: