

KANSAS FCCLA LEADERSHIP SCHOLARSHIP APPLICATION DIRECTIONS

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

ELIGIBILITY REQUIREMENTS:

The scholarship candidate:

- has been an active FCCLA member for three semesters
- has completed at least <u>two semesters</u> of Family and Consumer Sciences at the high school level
- has participated in school and community activities
- has a 3.0 GPA on a 4.0 scale
- is planning for a career of their choice
- if reapplying, must be a Kansas alumni and associates member

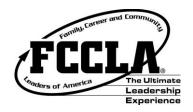
PROVISIONS FOR AWARDING SCHOLARSHIPS:

- The scholarship is available to graduating FCCLA members and Kansas alumni FCCLA members
- It is available to prospective college freshman or upper classmen who meet the above eligibility requirements.
- Scholarship recipients may reapply for this scholarship as long as they maintain an active Kansas FCCLA alumni membership.
- Scholarship recipient must attend a two or four-year college or university in Kansas.
- Up to seven scholarships of \$500 each may be awarded each year.
- Applications must be sent to the Kansas FCCLA State Office
- Scholarships will be paid directly to the college or university after the Kansas FCCLA state office has received verification of enrollment
- 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) Scan & Email directly to Shandi Andres sdandres@ksu.edu

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 LEADERSHIP SCHOLARSHIP APPLICATION FORM

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

I.	Date of Application:					
	Name of Applicant:					
	Applicant Address:					
	Parent's Names:					
	Parent's Address:					
	Total Semesters of FACS Courses Taken:					
	Years as an FCCLA Member:					
	Type of Chapter: (Occupational or Comprehensive)					
II.	High School(s) Attended					
	High School(s) Address:					
	Dates Attended:					
	Graduation Date:					
III.	Summarize your FCCLA	Activities. List the offices you held and/or committees you served on.				
W/	Comment of the state of the sta					
IV. Summarize your school activities other than FCCLA.						

V.	Summarize your FACS activities and projects.					
VI.	Summerize your community and state estivities					
V 1.	Summarize your community and state activities.					
VII.	List high school or college scholastic honors. (Honorary Societies, etc.)					
VIII.	List your work experience. Include your employers, type of work, and your dates of employment.					
IX.	What college or university in					
	Kansas do you plan to attend?					
X.	Summarize in a paragraph why you feel you deserve this scholarship.					

XI.	Explain the following:								
	Why do you plan to continue your education?								
	What will be your major area of study?								
	What are your plans upon completing your education?								
		T							
	How do your future plans include FCCLA?								
XII.	Describe the leadership role you assume in your family.								
AII.	Describe the leadership role you assume in your family.								
XIII.	Include the following with your application form:								
11111	Statement of recommendation from your Chapter Advisor, School	Administrator or College							
	Academic Advisor.	Trummoututor, or conege							
	High School Transcript (must have a 3.0 GPA or above) with cour	selor's signature. If attending							
	college, send college transcript only.								
XIV.	Signature of Applicant	Date:							

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

Please send as 1 pdf if possible.

SCHOLARSHIP APPLICATION SCORE CARD TO BE COMPLETED BY THE EVALUATION COMMITTEE

Name:				_			
Address:	_						
CDITEDIA	5	1	1 2		1	COMMENTS	
CRITERIA FACS/OFACS classes	3	4	3	2	1	COMMENTS	
TACS/OFACS classes							
FCCLA Activities							
1 0 0 21 1 1 20 1 1 1 1 1 1 1 1 1 1 1 1							
School Activities							
FACS/OFACS Activities							
FACS/OFACS Activities							
Community & State Activities							
Honors							
Honors							
Work Experience							
Reasons for Continuing Education							
Family Leadership Role							
FCCLA Advisor/Administrator/ College							
Advisor Recommendation							
Transcript reflecting GPA							
Major in College							
Grammar/Spelling/Neatness							
Grammar/spennig/Neatness							
Dannalaina fan ashalan b							
Reapplying for scholarship:							
Applying for community college: Applying for four-year college or university:							
11 7 9-22 22	rr*J	-0 -01	· y	231	-02 31		
Comments:							