**PAFCS FCCLA Incoming Freshman Scholarship Application**

SAVE THIS APPLICATION ONCE COMPLETED AND EMAIL A COPY TO: scholarship@pafcs.org

Also scan and/or attach:

1. A transcript of your high school record to date
2. A letter of acceptance to a Pennsylvania 4 year college
3. Three letters of recommendation (names listed on page 3 of this application)
4. The goals essay (as requested on page 4 of this application).

If the four above items must be mailed hard copy, please contact awards@pafcs.org for mailing instructions.

## Applicant information:

Applicant name: Last First Middle

Home Phone Number: Email:

Parent’s names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip code

Phone number :

College major:

Grade point average (indicate type of scale, 4.0, 5.0, etc.)

Overall

Family and Consumer Sciences Avg. \_

## Please list extracurricular activities in which you have participated while in high school (include community, religious, and college activities):

Activity/organization Dates Leadership roles Duties

## Indicate any honors, awards, or scholarships you have received:

Date Description of award, honor, or scholarship

**Indicate the STAR events that you have participated in. Indicate your FCCLA leadership roles.**

Date STAR events Leadership roles

## Employment:

Dates Types of employment

Ask three persons, at least one of whom is your FCS teacher (if available in your district) and one who is your FCCLA advisor (no friends or family), to fill out a reference form (separate form) and attach with this application.

Reference forms must be received by January 31 of the scholarship year. List the names, addresses, telephone numbers, and email address of the individuals below:

Name #1 Title Address

Telephone number

Email

Name #2 Title Address

Telephone number

Email

Name #3 Title Address

Telephone number

Email

In a statement of at least 200, but no more than 300 words, provide your professional goals and how you think you can contribute to the Family and Consumer Sciences profession. Please type you response and attach it to this application.

How long have you been a member of FCCLA?

I hereby make application for the Pennsylvania Association of Family and Consumer Sciences FCCLA Incoming Freshman Scholarship.

Your signature

Date

Have your FCS teacher sign and date the following statement:

The above student is a member of FCCLA and is worthy of scholarship assistance. I recommend him/her for the PAFCS FCCLA Freshman Scholarship.

Signature Date

Application is completed electronically and transcripts, recommendation letters and the acceptance letter from an approved college/university may be scanned and sent electronically.

If you must send hard copies, please contact awards@pafcs.org for mailing instructions.

**All scholarship application materials must be received by**

**January 31 of the scholarship year.**

**PLEASE COMPLETE THE REQUEST FOR RECOGNITION**

**CONTACT LISTS BELOW.**

**REQUEST FOR RECOGNITION CONTACT LISTS**

***We will design publicity for the conference and local newspapers for all award recipients. Provide names and contact information below for your local newspaper(s) so publicity can be quickly facilitated.***

Newspaper(s) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name (if available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are an award recipient, we will contact you at that time to request an electronic picture to use in that publicity.

***List the name(s) and contact information for any supervisors, directors or superintendents/ principals to whom announcement letters could be sent if you become an award recipient.***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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