**PENNSYLVANIA ASSOCIATION OF FAMILY AND CONSUMER SCIENCES UNDERGRADUATE SCHOLARSHIP APPLICATION**

Save a copy of the blank form and SAVE THIS APPLICATION ONCE COMPLETED EMAIL A COPY TO: scholarship@pafcs.org

Also scan and/or attach:

1. A transcript of your college record to date.
2. Students graduating from a Junior College must also enclose 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 plhetrick@windstream.net for mailing instructions.

**Completed applications materials must be received by January 31 of the scholarship year**

**Applicant Information:**

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your College/University Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_

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

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_

Phone number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your classification by college/university (check one)

 \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Your projected graduation date: Month/year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 college (include community, religious, and college activities):**

Activity/organization Dates Leadership roles Duties

**Indicate any honors, awards, or scholarships you have received since High School:**

 Date Description of award, honor, or scholarship

**Employment:**

Dates Types of employment

Ask three persons, at least two of whom are your professors, to attach the reference form (separate document) to this email. If any recommendations must be sent hard copy, please contact awards@pafcs.org for mailing instructions.

Reference forms must be received by January 31 of the contract 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Goals:**

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 your response and attach it to this application.

How long have you been a member of PAFCS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your AAFCS number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you enrolled in the PAFCS Hugs Program? \_\_\_\_\_\_\_\_

If so, who is your mentor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby make application for the Pennsylvania Association of Family and Consumer Sciences Undergraduate Scholarship.

Your signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Have your Department Chair sign and date the following statement:

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Save this completed application and send in an email to** **scholarship@pafcs.org** **along with other required documents by January 31 of the scholarship year.**

**PLEASE COMPLETE THE REQUEST FOR RECOGNITION CONTACT LISTS BELOW.**

**AWARD CONTACT LIST**

***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 Name(s)

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 1:

Title:

Address:

Phone number:

Email:

Name 2:

Title:

Address:

Phone number:

Email:

Name 3:

Title:

Address:

Phone number:

Email: