The American Association of Family and Consumer Sciences/Connecticut Affiliate will award one (1) $1000.00 scholarship to a graduating Connecticut high school senior who meets the following requirements:

1) student will be enrolled in and attending a two or four-year school of higher education,
2) student will be majoring in an FCS related field of study, or
3) student will be majoring specifically in Family and Consumer Sciences education.

**Family and Consumer Sciences (FCS) Fields of Study Include:**

- Family and Consumer Sciences Education
- Human Development and Family Sciences (Studies)
- Early Childhood Education (pre-school)
- Food Sciences, Dietetics and Nutrition
- Food Production and Services
- Hospitality, Tourism, and Recreation
- Housing and Interior Design
- Textiles and Apparel

The scholarship recipient will be selected by a committee of AAFCS members based on the following criteria:

- Biographical information
- Essay which includes future goals & how they relate to Family & Consumer Sciences (FCS)
- Leadership
- Character (2 letters of recommendation)
- Academic Achievement (GPA) and SAT scores
- Participation in extracurricular activities in community and school
- Completion of Family and Consumer Sciences courses

**APPLICATION DEADLINE – April 15th**

Questions or if you need further information, please contact:

Anne Cremé ~ (860)742-8002
High School Family & Consumer Sciences Scholarship Application

Eligibility:

Any high school senior that plans to major in a Family and Consumer Sciences field of study at a two or four-year school of higher education. One $1000.00 scholarship will be awarded, in the possible categories:

1) FCS related field of study
2) Future FCS teacher

Procedure & Required information:

- Completed application with required signatures (may be word processed)
- Two letters of recommendation – one from an FCS teacher is preferred
- Transcript of grades – official or unofficial
- Essay of up to 500 words explaining student’s future plans to major in a field related to FCS and what she/he plans to do with this education after graduation.
- Received by application chairperson no later than April 15th

The scholarship is payable to the student after successful completion of the first semester at his/her college.

Recipients are encouraged to attend the annual American Association of Family and Consumer Sciences / Connecticut Affiliate Spring/Fall Meeting to be recognized.

DATE____________________________ Date of Birth ________________________________

Name ______________________________ Intended Major __________________________

Address ___________________________ City, State _____________________________ ZIP________

Home Phone # (____)____________________ Cell Phone # (____)_________________________

e-mail __________________________________________________________________________

High School(s) attended ____________________________

________________________________________________________________________________

High School FCS classes completed with teacher(s) name(s) ____________________________

________________________________________________________________________________
Current High School Guidance Counselor’s name: _____________________________________________

High School Address: ________________________________________________________________

__________________________________________________________________________________

Extracurricular School Activities:
__________________________________________________________________________________

__________________________________________________________________________________

Other Community Service or Community Activities:
__________________________________________________________________________________

__________________________________________________________________________________

Schools applied to and or schools accepted to at this time:
__________________________________________________________________________________

__________________________________________________________________________________

How would you use this award if it was given to you?
__________________________________________________________________________________

__________________________________________________________________________________

Any additional information or comments:
__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

High School Class Rank ________________ Grade Point Average ________________

Guidance Counselor Signature & Date ____________________________________________

Student Signature & Date ________________________________________________________

Parent/Guardian Signature & Date ________________________________________________

Send Completed Application by April 15th to:  Anne Cremé

8 Wood Fern Way

Andover, CT  06232

This form may be word processed, printed, signed and sent to the above address.