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 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 – March 15th

Questions or if you need further information, please contact:

Anne Cremé ~ (860)742-8002
American Association of Family and Consumer Sciences
Connecticut Affiliate

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 March 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 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 March 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.