

**WEST VIRGINIA ASSOCIATION OF FAMILY & CONSUMER SCIENCES**

**$500 HIGHER EDUCATION UNDERGRADUATE SCHOLARSHIP**

The West Virginia Association of Family and Consumer Sciences (WVAFCS) is a statewide organization of professionals who are employed in a variety of positions that require them to use the extensive knowledge and skills that they acquired during their undergraduate and graduate coursework in Family & Consumer Sciences and / or the related specializations.

The WVAFCS will award a $500 scholarship to recognize outstanding academic achievement and professional orientation to a student who is pursuing an undergraduate degree while attending a two or four year college or university in West Virginia majoring in family and consumer sciences or one of the related specializations: Family & Consumer Sciences Education, Child Development & Family Studies, Early Childhood, Human Nutrition & Foods/Dietetics, Dietary Management, Food Service, Culinary Arts, Interior Design, or Fashion, Clothing & Textiles.

THE STUDENT MUST MEET THE FOLLOWING REQUIREMENTS:

1. must have completed a minimum of two (2) semesters (24-36 credit hours) and earned at least a 2.5 GPA as a full-time undergraduate student enrolled in a West Virginia college or university that offers degrees in Family & Consumer Sciences or one or more of its related specializations
2. must be currently enrolled as a full-time undergraduate student in a minimum of 12 hours in the major or program of study
3. must intend to complete an associate or bachelor's degree in a family and consumer sciences area of study or related specializations

A COMPLETED APPLICATION CONTAINS THESE FIVE ITEMS:

1. An application form
2. An essay of approximately two typed pages (doubled spaced), covering the following five points:
   1. Your chosen area of study within the discipline of Family and Consumer Sciences
   2. Your reasons for pursuing your area of study
   3. An explanation of what you are doing now to develop your professional orientation
   4. The career you hope to pursue upon graduation
   5. The contributions you would like to make to your future profession and community
3. A letter of recommendation from a faculty member who knows you well
4. A letter of recommendation from another adult who has worked closely with you within the past three years, in a role such as advisor, coach, leader, trainer, or supervisor during your participation in any of a wide variety of activities. Activities may be a professionally-oriented student organization, a socially-oriented or volunteer-oriented organization, or employment.
5. A current transcript (copy or electronic print) from your academic advisor or registrar sent directly to the committee. An official, sealed copy from the registrar may be requested by the committee.

**All the completed documents must be emailed by March 1 to:**

Elaine Bowen, CFCS at [epbowen@mail.wvu.edu](mailto:epbowen@mail.wvu.edu)

*If letters of references are provided to the student in sealed envelopes, they may be mailed to:*

*Elaine Bowen 12 Meadow View Lane Morgantown, WV 26508*

**SELECTION & AWARD**

The WVAFCS Higher Education Scholarship Committee will review all application materials. The committee will choose one recipient in an associate degree program and one recipient in a bachelor degree program, based on an evaluation of the following:

* Academic performance: courses taken, credits earned, and overall grade point average
* Academic ability and professional orientation as expressed in the written essay that: adequately addresses each of the five points in the essay; uses correct capitalization, punctuation, and grammar; professes to have a future commitment to the family and consumer sciences professions and/ or its related specializations, Family & Consumer Sciences Education, Child Development & Family Studies, Early Childhood, Human Nutrition & Foods/Dietetics, Dietary Management, Food Service, Culinary Arts, Interior Design, or Fashion, Clothing & Textiles
* Involvement in extracurricular activities that contribute to professional development
* Two personal recommendations, as requested on the preceding page

Recipients will be notified of their selection and invited to attend the West Virginia Association of Family & Consumer Sciences Annual Meeting on **April 18, 2020 at Bridgeport Conference Center**.

The committee will notify the Financial Aid Office at the recipients’ college or university and in July, a check made payable jointly to the recipient and their college/university will be sent to the recipient's Financial Aid Office. The total amount of the award will be applied toward the tuition and fees for the fall semester. Upon request, this scholarship may be deferred to the following spring semester. When the recipient returns to campus, they will need to go to the school's Financial Aid or Scholars office to endorse the scholarship check for payment to the institution.



West Virginia Association of Family and Consumer Sciences

Higher Education Undergraduate Scholarship Application Form

Application Deadline: **March 1**

Applicant's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent (Home) Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Campus Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Address in effect from \_\_\_\_\_ /20 \_\_\_\_ through \_\_\_\_\_/20\_\_\_\_

Campus Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home or Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Associate degree\_\_\_\_\_\_ Bachelor degree\_\_\_\_\_\_

Please self-report:

Overall Grade Point Average\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overall Graded Average Hours for the last 2 semesters \_\_\_\_\_\_

Grade Point Average Last Semester \_\_\_\_\_\_\_\_ Grade Point Average Hours Last Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Hours This Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_ List the titles of the courses that you are taking this semester:

1.

2.

3.

4.

5.

6.

Academic Advisor 's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor 's Campus Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Advisor's Campus Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Either an official transcript sent from the campus registrar or an electronic copy from your academic advisor, must be sent to the committee chair. The committee will accept an electronic copy directly from the advisor, but reserves the right to request an “official” sealed transcript.*

I am currently classified as a \_\_\_Freshman <30hr \_\_\_\_Sophomore >30hrs\_\_\_\_Junior > 60 \_\_\_\_Senior > 90hrs

(Hours for class rank may vary; check the rank as determined by your institution)

My projected month & year of graduation is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My projected number of total credits earned by my date of graduation is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid Office Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Aid Office Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you started college in another program of study at this, or another institution and then transferred into a

Family & Consumer Sciences program or related specializations, state the date of transfer, the number of

credits that were transferred in, and an explanation of your reason for the transfer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you intend to complete your undergraduate degree program in your chosen area of Family and Consumer Sciences or related program at a college or university in West Virginia? \_\_\_\_Yes \_\_\_\_No

Do you expect to go directly from undergraduate school to graduate school?

\_\_\_\_\_Yes \_\_\_\_\_No \_\_\_\_\_ Undecided

If going directly to graduate school, what will be your major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not going directly to graduate school, what kind of employment are you hoping to acquire with your degree?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your significant participation in college level activities, such as:

professionally-oriented student organizations, volunteer work, varsity or extra-curricular/sports activities, or employment

Note the name of the activity, your role in the activity, length of involvement, and the current monthly time commitment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide the name, address, and phone number of your two personal references: 1) a faculty member

and 2) another adult/professional who are well acquainted with your work and are willing to provide recommendations. Provide each person who is writing a recommendation for you with one of the attached reference forms after you have signed and dated one of the options on the page. Letters of recommendation must be emailed to the committee chair no later than **March 1**.

Name Address Phone

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I affirm that all of the information that I am submitting for this application is true and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**Email by March 1 to:** [**epbowen@mail.wvu.edu**](mailto:epbowen@mail.wvu.edu)

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**PERSONAL REFERENCE #1: FACULTY MEMBER**

TO BE INCLUDED WITH THE WRITTEN RECOMMENDATION

APPLICANT’S NAME ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surrenders her/his right to see this recommendation prior to it being sent as part of the student’s application for this scholarship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

**-OR-**

Retains her/his right to see this recommendation prior to it being sent as part of the student’s application for this scholarship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

*If the recommendation is given to the student, it should be in a sealed business envelope with the writer's signature along the sealed edge of the envelope flap. It is the responsibility of the student to mail the sealed envelopes to the committee chair so it is received by March 1.*

The West Virginia Association of Family and Consumer Sciences (WVAFCS) is a statewide organization of professionals who are employed in a variety of positions that require them to use the extensive knowledge and skills that they acquired during their undergraduate and graduate coursework in Family & Consumer Sciences and/or the related specializations.

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ELIGIBILITY REQUIREMENTS

The student:

1. must have completed a minimum of two (2) semesters (24-36 credit hours) and earned at least a

2.5 GPA as a full-time undergraduate student enrolled in a West Virginia college or university that offers degrees in Family & Consumer Sciences or one or more of its related specializations

1. must be currently enrolled as a full-time undergraduate student in a minimum of 12 hours in the major or program of study.
2. must intend to complete an associate or bachelor's degree in a family, consumer sciences area of study or related specializations.

THIS RECOMMENDATION SHOULD BE EMAILED BY THE REFERENCE **BY MARCH 1** TO:

Elaine Bowen, CFCS at [epbowen@mail.wvu.edu](mailto:epbowen@mail.wvu.edu)

*The student will provide two recommendations: one from a faculty member who knows the student well and one from another adult professional who has worked closely with the student, within the past three years, in her/his role as an advisor, coach, leader, trainer, or supervisor during the student’s participation in either a professionally-oriented student organization, sport, volunteer organization, and/or employment. Please indicate in the letter your capacity in regard to interacting with the student and the length of time that you've known the student, as well as student characteristics would contribute to the student's qualifications for receipt of this $500 scholarship.*

*THANK YOU!*

WEST VIRGINIA ASSOCIATION OF FAMILY & CONSUMER SCIENCES

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**PERSONAL REFERENCE #2**: **PROFESSIONAL/ADVISOR/SUPERVISOR**

TO BE INCLUDED WITH THE WRITTEN RECOMMENDATION

APPLICANT’S NAME ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surrenders her/his right to see this recommendation prior to it being sent as part of the student’s application for this scholarship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

**-OR-**

Retains her/his right to see this recommendation prior to it being sent as part of the student’s application for this scholarship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

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Elaine Bowen, CFCS at [epbowen@mail.wvu.edu](mailto:epbowen@mail.wvu.edu)

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*THANK YOU!*