

Miami County Family and Community Education and Community Club Council College Scholarship Requirements

1. Applicants are to be a Miami County resident and high school senior or college freshman. One \$500.00 scholarship will be awarded.

Applications, transcript of grades with a verification that the candidate stands in the upper one-third of the class and three (3) letters of recommendation must be submitted by **April 1.**

2. List activities and achievements in 4-H, Scouts, FFA, FCCLA, College, as well as participation in athletics, dramatics, art, church groups, etc. If especially outstanding in any specific group or activity, please explain. (This will be included on application form.)

Winner must use scholarship fund starting with the fall term. The first half of scholarship (\$250.00) will be sent in time for enrollment for the first semester upon receipt of proof of enrollment. Money from the Miami County Family and Community Education and Community Club Council College Scholarship will be dispersed through the student or student's parents. The recipient must furnish a copy of passing grades (2.0) at the end of the first semester to obtain second half of the scholarship.

**Copies of proof of enrollment and/or grades are to be sent to former Family and Community Education Council Treasurer:

Carolyn Bracken, 25940 W. 287th St, Paola, KS 66071.

If necessary, personal circumstances will be taken into consideration by the Scholarship Committee.

3. No student will be able to receive this scholarship more than twice.
4. The applicants may enter any field of study, at an accredited school (College or Vo-Tech).

SELECTING THE WINNER:

Selection of the winner will be determined on the following basis:

Application - Activities - References and Need

(References are to be with the application.)

(Do not add extra pages - use the space provided.)

**Miami County Family and Community Education
and Community Club Council Scholarship - \$500**

Do NOT add extra pages - use the space provided

Application Form: _____ Date _____

Name _____ Male/Female _____

Age _____ Date of Birth _____ Phone _____

Mailing Address _____

Name(s) of Parent(s)/Guardian _____

Parent(s)/Guardian's Occupation: Mother _____ Father _____

Number of Children at Home _____ Number of Children in College _____

Name of High School Attending _____ Grade _____

No. in Class _____ Rank in Class _____ GPA _____

Do you expect to attend college or Vo-tech school? _____ Where? _____

Number of years in 4-H Club Work _____ Offices Held _____

Awards Received

Other Organizations _____ Offices Held _____

Awards Received

Number of Years in FFA or FCCLA _____ Offices Held _____

Explain your financial needs

List school activities you have participated in (include music, sports, etc.):

What offices or special recognition have you received in school activities?

Other activities and offices held? (Church or Community work, etc.):

It is understood and agreed by me that:

- 1) Money from this scholarship will be dispersed through the student/parents.
- 2) A student not making a 2.0 grade average first semester will not be awarded the \$250.00 or the second semester.

Applicant's Signature

Father's Signature

Mother's Signature

Guardian's Signature

Return application and supporting documents to:

Kathy Goul
Family and Consumer Sciences Agent
K-State Research and Extension, Marais des Cygnes District
104 S. Brayman
Paola, Kansas 66071

DUE BY APRIL 1 to the Marais des Cygnes District office in Paola.