

PAFCS FCCLA Incoming Freshman Scholarship Application

Directions:

After you've filled out this PDF form, choose "Print" from the File menu and then use the dialog box's PDF option to "Save to PDF". This is the only way to save the information put into the form.

PRESS SAVE/SUBMIT at bottom of form or EMAIL A COPY TO: scholarship@pafcs.org

Also scan and/or attach:

1. A transcript of your high school record to date
2. 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 awards@pafcs.org for mailing instructions.

Applicant information:

Applicant name: _____
Last First Middle

Home Phone Number: _____ Email: _____

Parent's names:

Parent's address:

City _____ State _____ Zip code _____

Phone number : _____

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 high school (include community, religious, and college activities). If additional space is required, attach a separate list:

Activity/organization

Dates Leadership roles

Duties

Indicate any honors, awards, or scholarships you have received:

Date

Description of award, honor, or scholarship

Indicate the STAR events in which you have participated. Indicate your FCCLA leadership roles.

Date

STAR events

Leadership roles

Employment:DatesTypes of employment

Ask three persons, at least one of whom is your FCS teacher and one who is your FCCLA advisor, (no friends or family) to fill out and attach the reference form (separate document) with your application to paafcs@gmail.com

Reference forms must be received by January 31 of the scholarship year. List the names, addresses, telephone numbers, and email addresses 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: _____

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 when emailing this application.**

How long have you been a member of FCCLA? _____

I hereby make application for the Pennsylvania Association of Family and Consumer Sciences FCCLA Incoming Freshman Scholarship.

Applicant signature _____ Date _____

Have your FCS teacher sign and date the following statement:

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

Signature _____ Date _____

All scholarship application materials must be received by January 31 of the scholarship year.

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

REQUEST FOR RECOGNITION CONTACT LISTS

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(s) Name

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:

SAVE/SUBMIT

If experiencing difficulty in processing using SAVE/SUBMIT, email the saved form directly.