

# POST-SECONDARY FCCLA SCHOLARSHIP PLAN

## SOUTH DAKOTA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

One FCCLA scholarship of \$400 each may be awarded to South Dakota Family and Consumer Sciences Post-secondary student each year in accordance with the following regulations:

1. Applicants must be legal residents of South Dakota, graduating or having graduated from a South Dakota high school and attending postsecondary school in South Dakota.
2. All applicants must have been active members of a Family, Career and Community Leaders of America (FCCLA) chapter during high school attendance.
3. Awards will be evaluated on FCCLA leadership and involvement. Each applicant must possess good character, leadership ability and seriousness of purpose as evidenced by recommendations, academic records and interviews (if requested).
4. The postsecondary scholarship will be awarded according to the criteria: a college freshman, sophomore or junior enrolled in Family & Consumer Sciences education and attending South Dakota State University.
5. Students may apply for a scholarship more than once but may not receive the scholarship two consecutive years. Scholarships will be awarded at \$200 per semester for a maximum of \$400.
6. The scholarship money is in the State Scholarship FCCLA fund and will be awarded directly to the student or through a university financial officer. Verification of enrollment at the school is required prior to issuing each check, each semester.
7. Recommendations for scholarship winners will be made by a Scholarship Committee appointed by the state office. Final selection of the scholarship winners will be made by a scholarship committee.

If you are interested in applying for this scholarship, you will find the application form on the following pages or at web site of [www.sdfccla.org](http://www.sdfccla.org) . Complete the form and return to:  
Julie Bell, 337 Marian Ave. S, Brookings, SD 57006

Application is due March 1<sup>st</sup>. Announcement of winners will be made by the Executive Council at the annual State FCCLA Leadership Meeting.

# FCCLA SCHOLARSHIP APPLICATION

(To be completed by postsecondary student.)  
(Include Evaluation Form with Application)  
**Postmarked No Later Than March 1<sup>st</sup>**

Name in full: \_\_\_\_\_

Permanent address: \_\_\_\_\_  
Street City County State Zip Code

College or postsecondary school currently attending: \_\_\_\_\_

Grade point average: \_\_\_\_\_ (Attach copy of official transcript)

Majoring in: \_\_\_\_\_

Number of years you were an FCCLA member \_\_\_\_\_

Presently an affiliated FCCLA Local/National Alumni member: \_\_\_ Yes \_\_\_ No  
If no, explain why not?

List FCCLA involvement since graduation from high school. This would include serving as evaluator for STAR Events, serving as a resource person for local chapters, presenting workshops at Leadership Camps, etc.

## **Personal Growth**

State personal growth, which resulted from FCCLA involvement - new skills gained, new understanding acquired, values received or gained, etc.

**Honors**

List other honors or accomplishments you have received in college.

How did FACS/FCCLA influence your career choice and how do you expect to impact families with your education?

Identify community service and volunteer involvement (while/since) high school.

**Signed Application**

The above statements are correct and true to the best of my knowledge and belief. I have read the FCCLA Scholarship Plan.

\_\_\_\_\_ Date

Applicant's Signature

**References**

Please ask three people to fill out the recommendation form and have them mail their recommendation letters directly to Julie Bell, 337 Marian Ave. S , Brookings, SD 57006 by March 1<sup>st</sup>.

1. College Advisor \_\_\_\_\_
2. Instructor \_\_\_\_\_
3. Non-Relative (e.g. employer, employer etc.) \_\_\_\_\_

**POSTSECONDARY  
RECOMMENDATION FOR FCCLA SCHOLARSHIP**

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Your knowledge of this student will assist the FCCLA Scholarship Committee in considering the student's qualifications for scholarship aid. We request your recommendation, from either records or personal knowledge, on the following items. The committee will give your statement much consideration.

Academic aptitude and promise.

Personal qualifications. Does the student accept responsibility without prodding? (Mention any activities in which you have observed the applicant. Give your estimate of the quality of his/her performance.)

Additional remarks.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title or Occupation

Please return directly to: Julie Bell, 337 Marian Ave. S, Brookings, SD 57006  
Postmarked by: March 1<sup>st</sup>

**POSTSECONDARY  
SCHOLARSHIP EVALUATION**

Include copy of this page with application  
(To be filled in by Scholarship Committee)

		Points Possible	Points Received
I.	Scholastic	5	_____
II.	Number of years as an FCCLA member	5	_____
	Number of years as an Alumni member	5	_____
III.	Involvement as an Alumni member		
	STAR Event assistance at:		
	Districts	10	_____
	State	10	_____
	Resource person for/at:		
	Local chapter(s)	10	_____
	District(s)	10	_____
	State	10	_____
IV.	Community Service/Volunteer Involvement	25	_____
V.	Personal growth through FACS/FCCLA Involvement	15	_____
VI.	College participation/honors	10	_____
VII.	Career choices through FACS/FCCLA Involvement	15	_____
VIII.	References:		
	1) _____	5	_____
	2) _____	5	_____
	3) _____	5	_____
	Total possible points	145	
	Awarded		_____