

**KANSAS ASSOCIATION for FAMILY AND COMMUNITY EDUCATION
Kansas FCE SCHOLARSHIP**

GUIDELINES AND CONDITIONS

PURPOSE: The Kansas FCE Scholarship is provided to give financial assistance to students presently attending or planning to attend a 2 or 4-year **Kansas** college or university majoring in a field that promotes the physical, social, and emotional well-being of individuals, families, and communities.

AMOUNT: \$1,000.00 to be paid directly to the college in two installments pending receipt of required documents.

Funds for this scholarship are provided through contributions by members and friends of Kansas FCE.

ELIGIBILITY:

- A. Be a resident of Kansas.
- B. Clearly indicate financial need.
- C. Show evidence of plans to major in a field of study that supports the Purpose.
- D. Attend or plan to attend a Kansas 2 or 4-year college or university.
- E. Be enrolled as a fulltime student, maintaining a 2.0 GPA on 4.0 scale.
- F. Provide all requested information to the Kansas FCE president by March 1.

PROCEDURE:

- 1. **Complete and sign the application form. (page 2)**
- 2. **Write an information letter including: your academic and career goals, how they fit within the Purpose guidelines, information about your community service/involvement and leadership skills, and your need for financial assistance.**
- 3. **Obtain and forward three letters of reference to Kansas FCE President.**
- 4. **Request an official transcript to be sent directly to Kansas FCE President.**
- 5. **If awarded the scholarship, further instructions will be given to obtain the funds: including proof of enrollment and college financial department contact information.**

Deadline for application is March 1.

Please send all documentation to:

Kansas FCE President, Faye Spencer, 520 Gail Drive, Salina, KS 67401-7827; (785) 201-2143; Email: spencerf.kafce@gmail.com

KANSAS ASSOCIATION for FAMILY AND COMMUNITY EDUCATION

Kansas FCE SCHOLARSHIP APPLICATION FORM

Name _____
(First) (Middle) (Last)

Address _____

Email Address _____ Date of birth _____

Telephone (_____) _____ County _____

High School Attended _____ Year Graduated _____

HS Grade Point average _____ (Request official transcript sent to Kanas FCE)

Parents Names _____

Father's Occupation _____ Mother's Occupation _____

OTHER FAMILY MEMBERS RECEIVING FINANCIAL SUPPORT FROM PARENTS:

Name	Relationship	Age	In College – Yes or No

Kansas college or university you attend or plan to attend _____

When do you plan to attend? _____ Proposed field of study _____

Number of college hours completed _____ College GPA _____ (Request official transcript)

List other current scholarships/grants received:

I understand that if I am the recipient of the Kansas FCE Scholarship, all application materials and supporting information become the property of Kansas FCE, and Kansas FCE shall have discretionary authority in all matters pertaining to the scholarship.

I, _____, (print name) certify that the information given in this application is complete and accurate to the best of my knowledge, and I will notify Kansas FCE immediately if there are any changes.

Signature of applicant _____ Date _____