

KANSAS ASSOCIATION FOR FAMILY AND COMMUNITY EDUCATION KAFCE SCHOLARSHIP GUIDELINES AND CONDITIONS

NAME: Kansas Association for Family and Community Education Scholarship.

PURPOSE: The KAFCE Scholarship is provided to give financial assistance to students presently attending or planning to attend a 2-year or 4-year Kansas College or University majoring in Family and Consumer Sciences, a field related to family issues, or Allied Health field such as Physical Therapy, Family Counseling, Nursing, Medical.

DONORS: Funds for this scholarship are provided through voluntary contributions of members of Kansas FCE.

AMOUNTS: The amount and number of scholarships will be determined annually by the KAFCE Board.

PROCEDURE: Deadline is **June 1**. Complete KAFCE Scholarship Application form and send to KAFCE President, Nancy Kernick, 628 South Santa Fe, Chanute, Kansas 66720-2449, 620-431-1353- nancyavon78@gmail.com

ELIGIBILITY:

- A. Be willing to submit verification of enrollment in Family and Consumer Science field or related family issues field.
- B. Clearly indicate financial need.
- C. Be enrolled in a minimum of 12 hours per semester.
- D. Be a resident of Kansas.
- E. The recipient of the scholarship must furnish the KAFCE President with proof of enrollment. Send information about where the scholarship funds are to be sent at the college or university you are attending, including the name of the College or University contact person, his/ her address, and your student ID number. At that time, half the scholarship will be sent to the school and applied directly to your account. **After the successful completion of first semester and proof of second semester enrollment is sent to the KAFCE President (address above), the remaining half of the scholarship will be applied directly to your account.**

SEND THE FOLLOWING INFORMATION TO KAFCE STATE PRESIDENT NO LATER THAN JUNE 1, of the current year.

- **COMPLETED AND SIGNED APPLICATION FORM –**
- **INFORMATION LETTER – separate sheet indicating the following:**
 - **Need for financial assistance to further your education**
 - **Indicate your academic goals**
 - **Why you merit this scholarship**
- **TRANSCRIPT – a copy must accompany this application**
- **LETTERS OF REFERENCE –Please enclose letters of reference from 3 persons.**

COPIES OF TRANSCRIPTS AND LETTERS OF RECOMMENDATION MUST BE ATTACHED FOR CONSIDERATION OF THIS APPLICATION.

I understand that if I am the recipient of the KAFCE Scholarship, all application materials and supporting information becomes the property of KAFCE, and KAFCE shall have discretionary authority in all matters pertaining to the grant.

I certify that the information given in this application is complete and accurate to the best of my knowledge, and I will notify KAFCE immediately if there are any changes.

Signature of
Applicant _____ Date _____

KANSAS ASSOCIATION FOR FAMILY AND COMMUNITY EDUCATION

KAFCE SCHOLARSHIP APPLICATION FORM

Name _____
(First) (Middle) (Last)

Address _____

Telephone (_____) _____ County _____

Social Security Number _____ Date of Birth _____

High School Attended _____ Year Graduated _____

Grade Point average _____ (Attach transcript)

Parents Names _____

Father's Occupation _____

Mother's Occupation _____

OTHER FAMILY MEMBERS RECEIVING FINANCIAL SUPPORT FROM PARENTS:

Name	Relationship	Age	In College – Yes or No

Name of college or university you plan to attend _____

When do you plan to attend? _____

If currently in college, name of college or university you attend _____

Number of years completed _____ Grade point average _____ (Attach Transcript)

List other scholarships/grants received:

Signature of Applicant _____ Date _____

KANSAS ASSOCIATION FOR FAMILY AND COMMUNITY EDUCATION JOANN NEWBY ADULT EDUCATION GRANT GUIDELINES

NAME: Kansas Association for Family and Community Education Joann Newby Adult Education Grant.

PURPOSE: The Joann Newby Adult Education Grant is provided for financial assistance to a recipient wishing to “re-enter” the labor force; enable the recipient to move to a higher-level job in present field; or to a job in a more highly skilled field.

DONORS: Funds for this grant are provided through voluntary contributions of members of Kansas FCE.

AMOUNT: The amount of the grant shall be determined by the KAFCE Board.

PROCEDURE: Deadline is **June 1**. Complete KAFCE Joann Newby Adult Education Grant Application form and send to KAFCE President, Nancy Kernick, 628 South Santa Fe, Chanute, Ks. 66720-2449, 620-431-1353- nancyavon78@gmail.com

ELIGIBILITY:

A. Applicant must clearly indicate the specific education necessary for re-entry into the labor force and /or degree to which it will enable applicant to move to a higher-level job in present field or to a job in a more highly skilled field.

B. There shall be no age limit

C. Applicant must clearly indicate need of financial aid to obtain the necessary education training described in item A.

D. Applicant must enroll for a minimum of nine (9) hours in an accredited 2- or 4-year Kansas College or be enrolled as a full-time student in a Kansas Vocational program.

E. The recipient of the Grant must furnish the KAFCE President with proof of enrollment. Send information about where the grant funds are to be sent at the school you are attending, including the name of the school contact person, his/her address, and your student ID number. At that time, half the grant monies will be sent to the school and applied directly to your account. **After the successful completion of first semester, and proof of second semester enrollment is sent to the KAFCE President (address above), the remaining half of the grant will be applied directly to your account.**

F. Applicant should be a resident of Kansas.

**SEND THE FOLLOWING INFORMATION TO KAFCE STATE PRESIDENT
NO LATER THAN JUNE 1, of the current year.**

- **COMPLETED AND SIGNED APPLICATION FORM –**
- **INFORMATION LETTER – separate sheet indicating the following**
 - How you plan to use your updated skills in your chosen career
 - Why you need financial assistance to obtain this additional educational training
- **TRANSCRIPT – A copy must accompany this grant application.**
- **LETTERS OF REFERENCE – Please enclose letters of reference from 3 persons**
COPIES OF TRANSCRIPTS AND LETTER OF RECOMMENDATION MUST BE ATTACHED FOR CONSIDERATION OF THIS APPLICATION.

I understand that if I am the recipient of the KAFCE Joann Newby Adult Education Grant, all application materials and supporting information becomes the property of KAFCE, and KAFCE shall have discretionary authority in all matters pertaining to the grant.

I certify that the information given in this application is complete and accurate to the best of my knowledge, and I will notify KAFCE immediately if there are any changes.

Signature of Applicant _____ Date _____

Revised 2020

KANSAS ASSOCIATION FOR FAMILY AND COMMUNITY EDUCATION



RUTH B. SAYRE SCHOLARSHIP

<http://cwcusa.org>

This memorial scholarship of \$500 is offered for the purpose of fostering educational development of women.

INSTRUCTIONS FOR COMPLETING APPLICATION

1. Applicant must be a woman and a legal resident of the USA who shows financial need and the ability to complete her education.
2. Application with attachments must be submitted, reviewed, and signed by the state society president/chairman of the affiliated ACWW/CWC society.
3. Please **TYPE OR PRINT CLEARLY**.
 - a. Attach the following IN ORDER INDICATED to the completed application.
Two character reference letters,
 - b. Official transcript of high school and college courses completed.
 - c. A one page summary of your participation in school and community, work experience, educational goals and financial need.
 - d. Picture of applicant.

Applicant's Name _____

Present Address _____

City, Street, Zip _____

Phone _____ Age _____

Marital Status _____ Dependents _____

Occupation or business of parent(s) if single _____

Your occupation _____

Spouse's occupation _____

What will be the source of your funds? i.e.: Family income, scholarships, grants, Pell grant, savings, parents or other _____

How much is available _____

Have you received this scholarship before? _____ Yes _____ No

Signature of Applicant _____ Date completed _____

RUTH B. SAYRE SCHOLARSHIP

EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED

Institution's Name _____

Institution's COMPLETE Mailing Address _____

Course of Study _____

Degree Sought _____

Expected Date of Completion _____

Amount of Tuition/Fees per Semester \$ _____

Amount of Other Fees per Semester \$ _____

Date Payment MUST be made? _____

Have you been admitted? _____

Signature of Applicant _____ Date completed _____

Should I be selected as winner of the Ruth B. Sayre Scholarship, I grant the Country Women's Council USA the right to use, publish, and copyright (including audio, moving image, or photograph) for educational programs and publications, web sites, and promotion of Country Women's Council.

Print name of Parent or Guardian _____

Parent or Guardian must sign if subject is under age 18 _____

Please Place a Photo Here
Using Rubber Cement

SCHOLARSHIP MONEY SHALL BE SENT TO THE EDUCATIONAL INSTITUTION ON OR ABOUT AUGUST 1st

APPLICANTS SHALL BE NOTIFIED

SEND ALL INFORMATION TO KAFCE STATE PRESIDENT, Nancy Kernick, 628 South Santa Fe, Chanute, Kansas 66720. The KAFCE STATE PRESIDENT WILL SEND COMPLETED APPLICATION WITH ATTACHMENTS BY MARCH 1 TO ACWW/CWC State Society President/Chairman. RUTH B. SAYRE Scholarship applications shall be POSTMARKED TO CWC VICE CHAIRMAN BY APRIL 1.

Sponsoring State ACWW/CWC Society _____

Signature of State ACWW/CWC Society President/Chairman _____

Address _____ Date _____

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Ruth B. Sayre Scholarship information:

The Ruth B. Sayre Scholarship guidelines and application form is available to print from the CWC web site: www.cwcusa.org.

It also is available from CWC society presidents. The application must be complete, with all necessary attachments, following the rules listed. **SEND ALL INFORMATION TO KAFCE STATE PRESIDENT, Nancy Kernick, 628 South Santa Fe, Chanute, Kansas 66720.**

It must be sent to the society president/chairman from your state, for her signature, by March 1. The CWC society president or chairman for each state is listed on the website.

After the state societies sign the applications, they are to send to: Joan McEachern, 137 Riverside Drive, Yorkville, IL 60560.

The winners will be listed on the web site after June 1st.

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For any donations to the Fund the form below can be used.

SEND ALL INFORMATION TO KAFCE STATE PRESIDENT, Nancy Kernick, 628 South Santa Fe, Chanute, Kansas 66720. The State President will send to Scholarship Fund c/o Javonna Earsom, 1126 W. Broadway Ave., Sulphur, OK 73086.

I would like to make a donation to the Ruth B. Sayre Scholarship Fund. Enclosed is my check made out to Ruth B. Sayre Scholarship Fund,

In Memory of: _____ Next of Kin: _____

Address: _____

In Honor of: _____

Address: _____

Donated By: (name) _____

Address: _____

CWC Society: _____