

BUTLER COUNTY EXTENSION HOMEMAKER ASSOCIATION SCHOLARSHIP APPLICATION FORM



1. Prospective scholarship will be available to anyone seeking post-secondary education, provided they or their sponsor has been a Homemaker or Homemaker Mailbox Member for at least one year **and** they are a relative of the Homemaker (brother, sister, child or grandchild of the sponsor). **This will also include a Homemaker who died while an active Homemaker member.** Two \$300 grants will be awarded by the local Homemaker Association.
2. Primary criteria used to select the 2 recipients will include **scholarship application; letters of recommendation; written essay; and school and community activities.** After school employment and extracurricular activities will be considered as school and community activities. If the application is not completed properly or returned by the deadline, it will not be considered for the scholarship.
3. **The deadline for receipt of this application is March 31, 2017.** The application is to be returned to the address below.
4. The response to the essay question on the bottom of page 2 should be **typewritten** or **written with black ink** on white 8 ½ x 11 inch paper. The essay response should not exceed 750 words. *Put your name and Social Security number on each page.*
5. Reference forms are to be given to two persons - **one to a personal reference and the other to someone familiar with your academic ability.** Type or print your name and social security number in the space provided at the top of each reference form. Indicate the name and address of the reference writers on page 2 of the application. *Only two references will be accepted.*
6. Your school counselor should give you a seal copy of your transcript or send it to the address below. This information is essential. *(This includes High School and/or college.)*
7. Applicants will be notified of the status of their applications by the end of May, 2017.
DOCUMENTATION CHECK-OFF: In putting together your application, submit the following information as a packet:
 - _____ Original application
 - _____ Reference Form #1
 - _____ Reference Form #2
 - _____ Essay
 - _____ Sealed Transcript

Reminders:

1. Deadline to turn into the Extension Office is March 31, 2017.
2. Type or use black ink.
3. Put your name and Social Security Number on the reference form.
4. Do not send folders, binders, or photos with the application.

Return applications to:

Tracy M. Cowles, County Extension Agent for Family and Consumer Sciences, P O Box 370, 112 East G.L. Smith Street, Morgantown, KY 42261 or call 270-526-3767 for further information.

Name _____

Social Security Number _____

College, Technical School, or University you plan to attend: _____
address: _____

Name and Describe the course of study you plan to take: _____

Please estimate school expenses for semester or term:

Tuition Fees _____

Books & Supplies _____

Room & Board _____

Other school-related items _____

List all work experience during and after graduation from high school:

Dates	Position	Name of Employer/Supervisor	Job Responsibilities

List the two references who received your reference forms. (One should be an educator who is familiar with your academic ability and the other a personal reference.) Select the references carefully from among persons who can speak with authority about you. List the correct mailing address for each reference.

Name/Title

Street

City State Zip

Name/Title

Street

City State Zip

Describe the contributions you will make to society as a result of achieving your goals in education and/or training.

**ESSAY QUESTION:
Why do you feel you deserve this scholarship?**

Respond to the essay question with 750 words or less. Type or use black ink on white paper. Double-spaced essays are requested. The essay, with your name and Social Security number on each page, should be enclosed with this application.

I understand that the Butler County Extension Homemaker Association Scholarship is awarded for a course of study or training for the school year 2016 to 2017. If it is not used, it will be forfeited.

Signature of Applicant

2017
PERSONAL REFERENCE FORM #2
BUTLER COUNTY HOMEMAKERS SCHOLARSHIP
(Employer, Minister, Adult Family Friend, etc.)



LAST NAME FIRST MIDDLE

____-____-_____
SOCIAL SECURITY NUMBER

has applied for a Butler County Homemakers Scholarship and listed you as a reference. Please complete this form and write a letter of recommendation on behalf of the student. If more space is needed, use back side of page. Type or use black ink. **Return this form by March 31, 2017.**

- How well do you know the student?
- Do you believe the student will be successful in a professional education career?
- What is your assessment of the student's academic ability?
- Are there unique factors that make the student especially worthy of scholarship support (talented, self-directed, an ethnic minority, resides in a single-parent home or low-income situation, etc.)?

Your Name _____ Position/Title _____

Address _____
Street City State Zip

Signature _____ Telephone _____

Date _____

2017
PERSONAL REFERENCE FORM #2
BUTLER COUNTY HOMEMAKERS SCHOLARSHIP
(Employer, Minister, Adult Family Friend, etc.)



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Your Name _____ Position/Title _____

Address _____
Street City State Zip

Signature _____ Telephone _____

Date _____