

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 an Allied Health field such as Physical Therapy, Family Counseling, Nursing, Medical Doctor.

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: Complete KAFCE Scholarship Application form and send to KAFCE President, Dorene Reimer, 1294 West County Road P—Leoti, KS 67861.

dreimer@wbsnet.org

Deadline is **June 1**.

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.**

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:

SEND THE FOLLOWING INFORMATION TO KAFCE STATE PRESIDENT NO LATER THAN JUNE 1.

- **COMPLETED AND SIGNED APPLICATION FORM – page 2 of packet**
- **INFORMATION LETTER – separate sheet indicating the following:**
 1. **Need for financial assistance to further your education**
 2. **Indicate your academic goals**
 3. **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 _____

Revised 2016