

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**.

ELIGIBILI TY:

- 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.**

Revised
2016

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KAFCE SCHOLARSHIP APPLICATION FORM

Name

(First
)

(Middle
e)

(Last
)

Address

SS

Telephone
e

Count
y_

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

Relations
hip

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:

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**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

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