

# FCCLA SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

## INFORMATION

No. of FCCLA membership in years:

No. of semesters of Family & Consumer Education taken:

What special honors have you received in high school?

In what additional co-curricular activities have you participated?

What leadership positions have you held in your school and community? Explain your responsibilities in each position.

Summarize any paid or supervised volunteer work experience you've had. Indicate approximated dates and job title or description of responsibilities. If employment was a part of an occupational education program, please indicate your job position or description.

Have you been accepted at a college or technical college?

Y

N

What do you plan as your major?

Minor?

**IF SELECTED TO RECEIVE THE SCHOLARSHIP AWARD, THIS MONEY WILL BE USED TO FURTHER MY EDUCATION.**

Signature of Applicant

Date signed