

**APPLICATION FOR SCHOLARSHIP  
ALLEN COUNTY EXTENSION HOMEMAKERS**

**DUE: April 1 of the current year**

***ELIGIBILITY:***

- A. Is a senior who plans to attend a 2-year or 4-year college, university or technical institute/vocational training.
- B. Must have completed a minimum of 4 credits in the FCS or Business & Marketing or Agriculture or Health Science Curriculums.
- C. Has an overall scholastic standing of at least 3.0 for the four years of high school.
- D. Has shown leadership in school and community.
- E. Must be a resident of Allen County or will graduate from Allen County Scottsville High School in May of this year.

***HOW TO APPLY:***

- A. Complete a copy of this application. Make a copy to keep and send one copy to:

Allen County Extension Office  
PO Box 355  
Scottsville KY 42164-0355

Or

Drop by the Allen County Extension Office  
200 East Main Street, Scottsville, KY

- B. Part IV should be completed by Guidance Counselor only.

**ALLEN COUNTY EXTENSION HOMEMAKERS  
SCHOLARSHIP FORM**

**PART I – PERSONAL INFORMATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street/Number)

\_\_\_\_\_  
(City/State/Zip)

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

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**PART II – CAREER PLANS**

Post Secondary Training: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

If you prefer, you may attach the answers to the question below on a separate sheet labeled **CAREER PLANS**.

1. Write a paragraph telling why you are interested in pursuing an education and describe your personal qualifications that will help you succeed.

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**PART III – *SCHOOL AND COMMUNITY ACTIVITIES***

If you prefer, you may attach the answers to the questions below on a separate sheet labeled *SCHOOL ACTIVITIES and COMMUNITY ACTIVITIES*.

***SCHOOL ACTIVITIES:***

Organization                      Leadership Role                      Honors and Awards

***COMMUNITY ACTIVITIES:***

Organization                      Leadership Role                      Honors and Awards

To be completed by Guidance Counselor only

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**PART IV – *ACADEMIC RECORD***

Student's Name: \_\_\_\_\_

Overall Scholastic Standing: \_\_\_\_\_  
(County A-4, B-3, C-2, D-1)

Weighted Grade Point Average (if applicable) \_\_\_\_\_

Ranking in Class: \_\_\_\_\_ Number in Class: \_\_\_\_\_

ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_

List qualifying Classes completed by applicant in FCS or Business & Marketing or  
Agriculture or Health Science (minimum of 4 credits required):

Class Name: \_\_\_\_\_  
Grade Achieved: \_\_\_\_\_ Class Year Completed: \_\_\_\_\_  
(Freshman, Sophomore, Junior, Senior)

Class Name: \_\_\_\_\_  
Grade Achieved: \_\_\_\_\_ Class Year Completed: \_\_\_\_\_  
(Freshman, Sophomore, Junior, Senior)

Class Name: \_\_\_\_\_  
Grade Achieved: \_\_\_\_\_ Class Year Completed: \_\_\_\_\_  
(Freshman, Sophomore, Junior, Senior)

Class Name: \_\_\_\_\_  
Grade Achieved: \_\_\_\_\_ Class Year Completed: \_\_\_\_\_  
(Freshman, Sophomore, Junior, Senior)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Guidance Counselor

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**PART V – RECIPIENT OBLIGATIONS**

Members who receive scholarship have obligations listed in the following:

Recipients will:

- A. Bring or send proof of registration to the Allen County Extension Office, 200 East Main Street, PO Box 355, Scottsville KY 42164-0355 by September 1.
  
- B. Follow through with plans for attending a 2-year or 4-year college, university or technical institute/vocational training. (If it is impossible to fulfill this requirement, please notify the Allen County Extension Office and your Guidance Counselor by September 1.)

**“I agree to the obligations listed in the above statements.”**

Signed:

\_\_\_\_\_  
Applicant (Parent(s) or Guardian)

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signed:

\_\_\_\_\_  
Advisor Date: \_\_\_\_\_