

## 2017 KAFCS Scholarships

The Kentucky Association of Family and Consumer Sciences will award one or more scholarships to deserving college students for the upcoming academic year. Scholarships range in value from \$500 to \$750. A recipient may receive a scholarship for a second year. To be eligible for scholarships, a student:

- Will have achieved junior, senior, or graduate student status at the time the scholarship is used.
- Will use the scholarship in a Kentucky college or university.
- Will major in a field of Family and Consumer Sciences.
- Will maintain membership in the American Association of Family and Consumer Sciences for the duration of the scholarship.

## 2017 KAFCS Scholarship Application Form

Scholarship applications must be postmarked no later than March 3. Late applications will not be considered. Send your completed application, sealed letters of recommendations, and official transcript to:

Sally Mineer  
KAFCS Executive Secretary  
21 GUN & C^||/P æ|  
Lexington, KY 40546-0064  
859-257-4702 (work)  
606 202-4051 (cell)  
[smineer@uky.edu](mailto:smineer@uky.edu)

Name \_\_\_\_\_  
Campus \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Permanent \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (Optional) \_\_\_\_\_  
AAFCs Membership Number \_\_\_\_\_ Membership Renewal Date \_\_\_\_\_  
Are you a former KAFCS Scholarship Winner? \_\_\_\_\_ If so, what year? \_\_\_\_\_  
What KY College or university to you currently attend? \_\_\_\_\_  
What KY college or university do you plan to attend this coming fall? \_\_\_\_\_  
Student ID Number \_\_\_\_\_

Hours completed as of December, 2016? \_\_\_\_\_

Hours expected by May, 2017? \_\_\_\_\_

When is your anticipated date of graduation? \_\_\_\_\_

What is your major? \_\_\_\_\_

What colleges of universities have you attended prior to the one in which you are currently enrolled?

Institution	Years Attended
_____	_____
_____	_____
_____	_____

List the name and contact numbers of your KAFCS Student Adviser or a faculty member you have asked to write a letter of recommendation:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

List the name and contact numbers of another college or university faculty member you have asked to write a letter of recommendation.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

List and describe the responsibilities you have assumed in family and consumer sciences activities and other college activities. Attach additional sheets as necessary.

AAFCS/KAFCS/Student Unit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Review and sign the following obligations of the scholarship winner:

I will recognize that if I receive a KAFCS scholarship, I accept the following responsibilities:

- A. By August 1 I will notify the KAFCS President of my specific plans to attend college or of any changes to my plans that will affect my scholarship.
- B. Notify the KAFCS Treasurer immediately upon receipt of the scholarship checks. (One half of the scholarship will be sent to the chair of the FCS department/unit in august and the second half in January)
- C. In addition, I certify to the best of my knowledge that all of the information provided in this application form is true and I am prepared to document this information if requested. I understand that noncompliance to the criteria may result in forfeiting the scholarship.

**Applicant's Signature**

**Date**

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- Attachments:**
- 1. **Two letters of recommendation in sealed envelopes.**
  - 2. **Official transcript from each college or university attended.**