**Hamilton County Extension Family and Consumer Science Adult**

**Scholarship Application**

Instructions: Please type or print in ink. The application must be completed in its entirety. Return the completed application to the Extension Office via mail, email, or fax. The application can also be found

online at [http://www.hamilton.ksu.edu](http://www.hamilton.ksu.edu/).

Two letters of recommendation from people of your choosing should also be sent via mail, email, or fax directly to the Extension Office, or turned in with your application. The letters should contain comments

about your abilities, potential, and any other pertinent information.

**Deadline: 12/15 for Spring Semester and 5/1 for Summer and Fall Semesters**

**Terms of the Hamilton County Extension Family & Consumer Science Scholarship**

1. Applicant must be 21 years or older, or starting their 4th year of college, and a Hamilton County resident, or former resident.

2. The scholarship may be used at any type of school: 2 or 4 year college, Vo-Tech, Business of

Cosmetology School, internet classes, etc. No specific major or course of study is required.

3. The number of scholarships and amount awarded will be based on the number of applications and the amount of profits from the annual Christmas Fair.

4. The full amount will be awarded upon enrollment.

5. Incomplete applications will not be considered.

6. Selection of recipient(s) will be made by the Extension Family & Consumer Science Scholarship

Committee. If the recipient does not use the scholarship within a year, it will be forfeited.

**General Information**

Name: Date of Birth: Primary Phone #: Home Address:

Secondary (School) Address:

Email Address: Intended Major or Vocation: Projected date of course completion for time period you will be using scholarship:

Projected date of graduation, or completion of course study:

Current GPA:

Number of Credit hours you plan to enroll in for the term you will use the scholarship: Student identification number (to be used only if awarded the scholarship):

Address of the college Financial Aid Office:

**School, Community, and Other Involvement**

School activities, clubs, honors, offices held, etc.:

Community activities (church, 4-H, Scouts, volunteer work, etc.):

Other honors, awards, etc.:

**Work Experience** (list most recent first)

Date Employer Responsibilities

**Cost of Education for Term of Scholarship**

Actual Anticipated

Semester: Course:

Explain any unusual expenses:

**Anticipated Sources of Support for the Term**

(%)

Self/ Work/ Savings: Scholarships/ Grants:

Family: Other: Loans:

List scholarships or grants you will be receiving that are confirmed (name and award amount):

Explain briefly why you are applying for scholarship assistance (attach another page if needed):

Give a brief statement outlining your academic plans and career goals:

I certify that all the information is true and accurate. **Signed:**

**Hamilton County Research and Extension**

**520 N Hamilton**

**PO Box 629**

**Syracuse, KS 67878**

**620-384-5225 Fax: 620-384-7576** [**hm@listserv.ksu.edu**](mailto:hm@listserv.ksu.edu)

K-State Research & Extension is an equal opportunity provider and employer. Revised 9/16