

Boone County Extension Homemakers \$1000 High School Scholarship Guidelines

Eligibility:

Boone County High School senior (public, private or home schooled) entering college majoring in either:

1. Consumer and Family Sciences (list eligible areas).
2. Health Care (nurse, respiratory therapy, etc. Degree should result in employment in health care field upon graduation.)
3. Must be a Boone County resident.

Conditions of Scholarship:

1. Will be paid in an amount up to \$500.00 per semester for one academic year.
2. The recipient will notify the BCEH treasurer one month prior to the funds being needed. Funds may be forfeited and awarded to a runner-up upon judgment of committee.

Selection Process:

1. Completed application must be received at Boone County Extension Office by published deadline of April 1st. Hand delivered or send via certified mail to:
Extension Homemakers
Purdue Extension – Boone County
1300 E. 100 S.
Lebanon, IN 46052
2. Interviews, if deemed necessary, will be conducted in early April.
3. Winners will be notified in May.
4. The selection committee will consist of BCEH Scholarship committee.

Payment of Scholarship:

1. Tuition payment will be made via check made out jointly to the school and recipient after official notice of entry is presented for each semester. The notification should include beginning and completion dates and amount of tuition to be paid. It is the recipient's responsibility to secure this notification and forward it to the BCEH treasurer.
*Grades from 1st semester must be included in 2nd semester request.

Application:

1. Completed application, two non-relative written references and transcript of most recent school attended when presenting paper work for consideration. References should include address and phone number.
2. A short typed biography including goals.
3. Incomplete application may not be considered.

Criteria for selection:

1. GPA
2. Leadership/volunteer service/ community involvement
3. Financial need – need family income listed to determine
4. Written biography which includes your career goals.

Other:

1. The committee may award additional scholarships if funds are available.

CONSUMER AND FAMILY SCIENCE/HEALTH CARE SCHOLARSHIP

SPONSORED BY
BOONE COUNTY EXTENSION HOMEMAKERS

SCHOLARSHIP APPLICATION

Application due April 1st

(Please print in ink or type)

Date: _____

PERSONAL

Applicant Name: _____ Phone number (____) _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Marital Status: _____

Upcoming Academic Year: _____

Name of High School: _____ Town: _____

Rank in High School Senior Class: _____ Number in Class: _____

Grade Point Average: _____ SAT: _____ ACT: _____

Extra Curricular Activities: _____

Community Service Activities: _____

Honors and Awards Received: _____

Work Experiences: _____

COLLEGE

Name(s) of college you plan to attend _____

Degree and college major if known _____

Other scholarships you have applied for _____

Scholarships you have received and amount _____

FAMILY

Names of Parents or Guardians: Father: _____ Mother: _____

Legal Residents of Boone County? _____ Father: _____ Mother: _____

Father's Place of Employment: _____ Income: _____

Mother's Place of Employment: _____ Income: _____

Names and Ages of Siblings: _____

Number of siblings attending college next year: _____

REFERENCES:

Non-Relative References:

| Name | Phone |
|----------|-------|
| 1. _____ | _____ |

Address: _____ Time Known: _____

2. _____

Address: _____ Time Known: _____

NOTE

*Please send your transcript and other items needed for the scholarship you are applying for. You should check the web site and make sure you have included everything necessary or your application may be overlooked without consideration. Selection committee may contact you by phone or request an interview for additional information.

Return application by April 1st:

Extension Homemakers
Purdue Extension – Boone County
1300 E. 100 S.
Lebanon, IN 46052

Revised: 2011