**MINNESOTA FCCLA EDUCATIONAL SCHOLARSHIP**

The FCCLA Minnesota Educational Scholarship for occupational students attending a FACS related post secondary program.

**Eligibility:** Any occupational FCCLA members (register as an occupational FCCLA member on the date of submission) that plans to attend a secondary program related to a carrier pathway related to (FACS) Family and Consumer Sciences.

**Awards:**

A one-time award of up to $500 will be awarded after the successful completion of 1 semester of post-secondary school.

Applications are due May 1

 Awards will be made in late May.

 Applications will be reviewed by a committee of 3 people appointed by the chair of the board of directors of Minnesota FCCLA using the attached criteria.

**MINNESOTA FCCLA OCCUPATIONAL MEMBER**

**EDUCATIONAL SCHOLARSHIP APPLICATION**

**Scoring criteria for application**

**Need 25%**

|  |  |  |
| --- | --- | --- |
| Need is clearly stated  | Other assistance is available  | Little or no need is noted  |

**Academics and recommendations 15%**

|  |  |  |
| --- | --- | --- |
| Good GPA Confident the candidate will succeed in post secondary  | Some confidence the candidate will succeed looks like the candidate is on the “right track” | little evidence of applicant’s scholarship  |

**Personal Statement 20%**

|  |  |  |
| --- | --- | --- |
| Personal statements are well written ,Answers are detailed, thoughtful and focused  | Well written, but could have been more focus and /or in depth  | Poorly written does not answer the question |

 **Involvement in FCCLA 20%**

|  |  |  |
| --- | --- | --- |
| Involvement and leadership in state or region as well as the chapter | Actively involved in the chapter activities | Little or no involvement in FCCLA  |

**Application 20 %**

|  |  |  |
| --- | --- | --- |
| Application is carefully completed and well presented Instructions were followed no errors  | Application is complete, but poorly organized some errors in spelling or grammar  | Application is incomplete instructions not followed multiple errors in grammar and spelling |

**MINNESOTA FCCLA EDUCATIONAL SCHOLARSHIP APPLICATION 2017**

The application must be POSTMARKED BY May 1, 2017

Mail the application form and all supporting documents.

To: **MN FCCLA State Office, PO 131386, Roseville, MN 55113**

Postmarked by May 1, 2017

Documents to include with application:

**Copy of transcript** of high school grades

**2 Letters of recommendation** --See note below copy of application and personal statements

**APPLICANT INFORMATION**

Name of Applicant:

Applicant Address:

Phone #

Applicant E-Mail

Father/Guardian Occupation

Mother/Guardian Occupation

Number of children in your family and their ages: (Number) (Ages)

Name of college or university is the applicant is planning to attend:

What is your major (any area of family and consumer sciences?)

**ACADEMIC INFORMATION**

Name of High School and School District:

School Address:

School Phone Number

Name of local FCCLA Advisor

Advisor Address:

Advisor e mail

Advisors Phone number

Number of years: \_\_\_\_\_\_\_\_ years of Family and Consumer Sciences instruction

FACS courses completed : (list)

**FCCLA APPLICANT’S SCHOLARSHIP RECORD** To be completed by the school administration

Overall grade point average in High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF APPLICANT, PARENT, PRINCIPAL** We examined this application and find the record true, complete and accurate.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of college academic adviser\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of School administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MINNESOTA FCCLA EDUCATIONAL SCHOLARSHIP APPLICATION 2017**

**Applicant Name:**

**FCCLA Chapter:**

**Personal Statement** These may be typed and attached no more than 1000 words

1. List your duties, responsibilities and participation in FCCLA
2. List your activities, honors and awards in other school and community activities
3. What are your career goals?
4. Describe your need for financial assistance.
5. How will this scholarship help you achieve your goals?

**Please include 2 letters of recommendation** that should address:

Name of recommendation person, title or position, address, email or phone number and relation to the applicant.

* Involvement in FCCLA
* Potential for academic success
* Need for assistance