

# **Class of 2019**

## **Scholarship Application**

**Cass County Extensions Homemakers Scholarship**

*Must be a relative of a current Indiana IEHA Member*

**Deadline to Apply: APRIL 1, 2019**

**WHAT DO I NEED TO INCLUDE????**

**LETTERS OF RECOMMENDATION-2**

**BIOGRAPHICAL SKETCH**

**WHERE TO RETURN COMPLETED APPLICATION?**

**Cass County Extension Homemakers  
c/o Purdue Cooperative Extension Service**

**County Government Building**

**200 Court Park, Room 302**

**Logansport, IN 46947**

# CASS COUNTY EXTENSION HOMEMAKERS SCHOLARSHIP APPLICATION FORM

**PURPOSE:** To assist a Cass County girl or boy furthering her/his education

**ELIGIBILITY:** The applicant must be an Indiana resident under the age of 25 and be the relative of a current Indiana IEHA, Member. The applicant must be a graduating high school senior or college student admitted/enrolled in an accredited college, university or vocational school.

**SELECTION:** Selection will be made by a committee from the Extension Homemaker Club Council.

**AMOUNT:** One scholarships will be awarded in the amount of \$1500.00. The scholarship can only be won once.

## **APPLICATION**

**FORMS:** Available at the Cass County Extension Office or High School counselor.

**FORMS MUST BE RETURNED BY APRIL 1, 2019.**

TO: Cass County Extension Homemakers  
c/o Purdue Cooperative Extension Service  
County Government Building  
200 Court Park, Room 302  
Logansport, IN. 46947-3149

## **COLLEGE INFORMATION**

Name and location of college \_\_\_\_\_

Major in college \_\_\_\_\_

## **PERSONAL INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Number of Brothers and Sisters \_\_\_\_\_ Ages \_\_\_\_\_

Father's Name and Address \_\_\_\_\_

Mother's Name and Address \_\_\_\_\_

Name of Extension Homemaker \_\_\_\_\_

Extension Homemaker's Relationship to you: (check) \_\_\_\_\_ Mother \_\_\_\_\_ Grandmother Extension

Homemaker Club Name \_\_\_\_\_

Are you married? \_\_\_\_\_ Number of children \_\_\_\_\_

**EDUCATION:**

Name of High School \_\_\_\_\_

Year Graduated \_\_\_\_\_

**IF YOU ARE, OR HAVE BEEN A COLLEGE STUDENT, PLEASE COMPLETE THE FOLLOWING:**

College \_\_\_\_\_

Current College year classification \_\_\_\_\_

Grade Point Average \_\_\_\_\_

**REFERENCES:**

Include at least two **written references, one from school and one from other people in the community who are not related to you.** ( Must be current references )References should be sealed and attached. These individuals may be called for further information.

**ATTACH AN ADDITIONAL SHEET(S) ON WHICH YOU WRITE A BIOGRAPHICAL SKETCH:**

Include information about your home life, school activities, organizational leadership, work experience and goals for the future. Also include a brief explanation of how you will use the scholarship money.

**SPECIAL TERMS:**

If for any reason the scholarship recipient does not complete at least one semester of schooling, the scholarship award should be returned to the Cass County Extension Homemakers Association.

I have personally prepared this application and believe it to be correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I, the undersigned parent or guardian of the above applicant, have read and approved the foregoing application.

\_\_\_\_\_  
(if applicant is a dependent)