

KENTUCKY EXTENSION HOMEMAKERS ASSOCIATION
KEHA MEMBER SCHOLARSHIP APPLICATION

Please fill out and submit three copies of application form and three (3) copies of each letter of recommendation [2 letters] to the Leadership Development Educational Program Chairman by March 1.

All applicants must be residents of Kentucky and have been an active member in KEHA for at least 3 years.

Name of Applicant _____

Home Address _____

City _____ State ____ Zip Code _____

County _____ Phone () _____

Marital Status _____ Occupation _____

Are you a KEHA member? ____ yes ____ no If yes, how many years? _____

Mother's Name _____ Living () Deceased ()

Mother's Occupation _____

Father's Name _____ Living () Deceased ()

Father's Occupation _____

Number of children in family _____ Number at home _____ In college _____

What is the applicant's major? _____

Year you will be enrolled Freshman ____ Sophomore ____ Junior ____ Senior ____

Has applicant applied for other scholarships? Yes _____ No _____

List other scholarships awarded to you _____

Approximate gross annual income of family \$ _____

List amount you estimate might be available to you from each of the following sources:

Personal savings _____ Parents _____ Job _____

Other _____ Total _____

Please attach a transcript of your most current coursework and grades.

List Clubs, Organization and Extracurricular Activities You Participate In:

List Special Honors/Awards You Received:

State in 100 words or less your educational plans and goals, including how KEHA has influenced your decision.

ALL INFORMATION WILL REMAIN CONFIDENTIAL

KENTUCKY EXTENSION HOMEMAKERS ASSOCIATION
KEHA MEMBER SCHOLARSHIP
Membership Verification Form

By my signature, I verify that _____ has been a member of the
Kentucky Extension Homemakers Association for _____ years (minimum of 3 years
membership required.)

Signature of Club or County President

Club or County (Circle which)

Date

Signature of County FCS Agent

County

Date