

**KENTUCKY EXTENSION HOMEMAKERS ASSOCIATION**  
**KEHA MEMBER SCHOLARSHIP APPLICATION**

Application materials must be typed. Please submit one complete packet either by mail or email to the KEHA Leadership Development Chairperson postmarked/time stamped 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 (     ) \_\_\_\_\_ Email \_\_\_\_\_

Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

Are you a KEHA member? \_\_\_\_ Yes \_\_\_\_ No    If yes, how many years? \_\_\_\_\_

Guardian 1 Name \_\_\_\_\_

Guardian 1 Occupation \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_

Guardian 2 Occupation \_\_\_\_\_

Number of people living at home \_\_\_\_\_

School you plan to attend \_\_\_\_\_ 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.

## **KEHA Member Scholarship Application Continued**

**List Clubs, Organization and Extracurricular Activities You Participate In, including community service and KEHA activities:**

**List Special Honors/Awards You Received:**

**State in 200 words or less your educational plans and goals, including how KEHA has influenced your decision.**

**KENTUCKY EXTENSION HOMEMAKERS ASSOCIATION**  
**KEHA MEMBER SCHOLARSHIP**  
**Membership Verification Form**

NOTE: This page must be signed/filled out by at least one of the following: Club president, County president, or county agent.

By my signature, I verify that \_\_\_\_\_ has been a member of the

Kentucky Extension Homemakers Association for \_\_\_\_\_ years (minimum of 3 years  
membership required.)

Name of Club/County Organization \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed