

Kentucky Master Farm Homemakers Guild, Inc.

Scholarship Application

Name:					
(Last)	(First)		(Midc		
Address:					
City:		State	2:	Zip Code:	
Date of Birth:	Age	e: S	Sex:	_ Marital Status:	
Father's Name:			Mother's Name:		
Father's Employer:			Mother's Employer:		
Father's Occupation:			Mother's Occupation:		
Guardian's Name (if ap	plicable):				
Guardian's Employer:			Guardian's Occupation:		
Number of Dependent	Children of	Parents/G	uardian	(including applicant):	
Ages of Dependent Chi	ldren:				
High School Attending:					
School Phone Number:		Cou	Counselor's Name:		
High School GPA (unweighted):			ACT/SAT Composite Score:		
College you plan to atte	end:				
Have you been accepted: 🗆 Yes 🗆 No					
Second college choice:					
Have you been accepted	d: 🗆 Yes	□ No			
Planned college major:					

INFORMATION ABOUT KMFH GUILD RELATIVE

Name of KMFH Guild Relative:
Your relationship to this KMFH member:
Years of active KMFH Guild membership: From: To:
Offices held in MFH Guild (state and national:
Other involvement (committees, judging, etc.)
→

Include the following with this application form:

- An official transcript from your high school or other schools attended.
- A listing of all extracurricular activities, both school and outside of school. Include all leadership positions held and special recognitions received.
- A listing of all jobs/employment. Include name of employer, position held, dates of employment and hours worked per week for each position held.
- An essay, limited to one typed page, double-spaced, 12 point font and one inch margins, addressing "Why I Need a Scholarship." You must include information about your own and your parents' resources and income, estimated expenses for your first year of college, the amount of financial aid and scholarship awards received to date and any other factors related to financial need.
- An essay, limited to 300 words or less, titled "The Last Chapter of My Autobiography." This essay should be based upon your goals and what you want to achieve in life.
- Two letters of recommendation one from a school official or teacher and one from a non-relative in the community who knows you well.

Verification: By signing this application, I certify the information to be true and complete.

Applicant's Signature

Application must be postmarked by March 25.