FCCLA SCHOLARSHIP PLAN

SOUTH DAKOTA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA

A maximum of two FCCLA scholarships of \$400 each may be awarded to South Dakota Family and Consumer Sciences students/FCCLA members each year in accordance with the following regulations:

- 1. Applicants must be legal residents of South Dakota, graduating or having graduated from a South Dakota high school and attending post secondary school in South Dakota.
- 2. All applicants must have been active members of a Family, Career and Community Leaders of America (FCCLA) chapter during high school attendance.
- 3. Awards will be evaluated on FCCLA leadership and involvement. Each applicant must possess good character, leadership ability and seriousness of purpose as evidenced by recommendations, academic records and interviews (if requested).
- 4. High school scholarships will be awarded according to the criteria in the following categories: a) an FCCLA member who will be an incoming freshman majoring in any course of study at a university or technical institute in South Dakota; and b) an FCCLA member who will be an incoming freshman majoring in a Family & Consumer Sciences major at a technical institute or university in South Dakota.
- 5. Scholarships will be awarded at \$200 per semester for a maximum of \$400.
- 6. The scholarship money is in the State FCCLA Scholarship fund and will be awarded directly to the student or through a university financial officer. Verification of enrollment at the school is required prior to issuing each check, each semester.
- 7. Recommendations for scholarship winners will be made by a Scholarship Committee appointed by the state office. Final selection of the scholarship winners will be made by the scholarship committee.

If you are interested in applying for this scholarship, the application form is located on the web site: www.sdfccla.org. Complete the form and return to: Julie Bell, 337 Marian Ave. S., Brookings, SD 57006.

Application is due March 1st. Announcement of winners will be made by the Executive Council at the annual State FCCLA Leadership Meeting.

FCCLA SCHOLARSHIP APPLICATION

(To be completed by High School Seniors -- only) (Include Evaluation Form with Application) Postmarked no later than March 1st

Name in full:				
Permanent address	s: Street		County State	Zip Code
		·	·	·
Graduating from: _				High School
Grade point averag	je:	(A	attach copy of official tra	anscript)
College or Post-see	condary scho	ol you are plar	nning to attend:	
Majoring in:				
Number of semeste	•	·	umer Sciences in	
	senior high so			
Number of s	semesters the	courses were	e available to you:	
Number of years yo	ou have been	a member of	FCCLA:	
Number of y	years membe	rship was an o	option for you:	
List STAR Events, and rating received		rticipated in at	district, state and natio	onal level and give ye

List FCCLA projects you have participated in which demonstrate leadership responsibility you have accepted. (This includes any local, district, state or national offices you have held.)

These projects should meet the FCCLA goals.

Personal Growth State personal growth, which resulted from responsibilities accepted during FCCl involvement new skills gained, new understanding acquired, values gained, etc.	
Explain briefly how your experiences in Family and Consumer Sciences influence career choice.	ed your
Honors List other honors or accomplishments you have received in high school.	
Signed Application The above statements are correct and true to the best of my knowledge and believed.	ef. I have
read the FCCLA Scholarship Plan.	
Applicant's Signature	Date
References	
Please ask three persons to fill out the enclosed form and have them mail their a directly to Julie Bell, 337 Marian Ave. S, Brookings, SD 57006 by March 1 st .	nswers
Family & Consumer Sciences Instructor	

HIGH SCHOOL RECOMMENDATION FOR FCCLA SCHOLARSHIP

Name	of applicant:	
Addres	ss:	
the stu	knowledge of this student will assist the FCCLA Scholarship Committed and an investment of the student's qualifications for scholarship aid. We request your recommer records or personal knowledge, on the following points. The commitments much consideration.	ndation be from
1.	Academic aptitude and promise.	
2.	<u>Personal qualifications</u> . Does the student accept responsibility with (Mention any activities in which you have observed the applicant. Of the quality of his/her performance.)	
2		
3.	Additional remarks.	
Signat	ture	Date
Title or	r occupation	
Please	e return directly to: Julie Bell, 337 Marian Ave. S, Brookings, SD 570	006

Postmarked by: March 1st

HIGH SCHOOL SCHOLARSHIP EVALUATION

Include copy of this page with application (To be filled in by Scholarship Committee)

			Points Possible	Points Received		
l.	Scholastic – Transcripts Inc	luded	5			
II.	FCCLA Involvement Number of years: student of family an	5				
	FCCLA member	5				
	STAR Events					
	District participation	10				
	State participation	10				
	National participa	10				
	Leadership					
	Candidate for Sta	Candidate for State or National office				
	Offices held at:	local level	10			
		district level	10			
		state level	10			
		national level	10			
	Member of Peer E	10				
	Other		10			
III.	Personal Growth Influence of FCCLA on care	10 5				
IV.	Honors		10			
VI.	Three references on file	F				
	Family & Consum	5				
	Administration (pr	5				
	Community perso		5 vinto 145			
		Total possible po	iiits 145			
		Awarded				