

EMMA LOU CISSELL MEMORIAL SCHOLARSHIP

LAUREL COUNTY EXTENSION HOMEMAKERS

SCHOLARSHIP APPLICATION

Submission Deadline: April 12, 2024

PERSONAL DATA

NAME _____ DATE OF BIRTH _____

ADDRESS _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX-XX- _____ SEX _____

TELEPHONE _____

PARENT OR GUARDIAN _____

ADDRESS _____

OCCUPATION _____ EMPLOYER _____

EDUCATIONAL DATA

From what high school will you graduate? _____ On what date? _____

Academic Standing: Rank in Class _____ GPA _____ ACT Score _____

Honors Received, if any _____

List of Activities (school and/or community involvement):

VOCATIONAL DATA

Names and address of college or university where you plan to earn a degree

List your Family & Consumer Sciences, Agriculture, or related field major: _____

State briefly why you selected said college and program of study

Describe the contribution you plan to make to society as a result of achieving your goals in education and/or training:

FINANCIAL DATA

Total Family Income (please check one)

- _____ Under \$25,000
_____ \$25,001 - \$50,000
_____ \$50,001 - \$75,000
_____ Above \$75,000

List by name, age and relationship all dependents of your parents, excluding yourself:

Number of siblings in college _____

List colleges they attend

RECOMMENDATION DATA

Ask three individuals to complete a recommendation form on your behalf. The forms to be used are attached to this application. List the names, addresses and phone numbers of those persons below:

Name/Address _____ Phone _____
Name/Address _____ Phone _____
Name/Address _____ Phone _____

ESSAY QUESTION: "Why is this scholarship important to me?"

Respond to this essay question with 750 words or less. Attach your response to this application. If pertinent, please explain any unusual family circumstances which have a bearing on family financial support for you and college. (Use a separate sheet of paper if necessary.)

FOR APPLICANT:

I hereby certify that the information herewith is true and correct and I fully understand the conditions set forth by the Laurel County Extension Homemakers in regard to the Emma Lou Cissell Memorial Homemaker Scholarship.

DATE _____ SIGNATURE OF APPLICANT _____

FOR PARENT OR GUARDIAN

I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that _____ is applying for this scholarship given by the Laurel County Extension Homemakers.

DATE _____ SIGNATURE OF PARENT OR GUARDIAN _____

FOR GUIDANCE COUNSELOR

Academic Information

Number in graduating class _____ Applicant's Rank _____

Applicant's high school grade point average _____

Pertinent test scores (such as ACT or SAT) _____

Other Scholarships Applied For: _____

SIGNATURE OF COUSELOR _____

All applications and supporting information must be emailed to Tina.Hefner@uky.edu or received in the Laurel County Extension Office, 200 County Extension Road, London, Kentucky 40741, no later than Friday, April 12, 2024. (no exceptions).