

FLORIDA ASSOCIATION FOR HOME & COMMUNITY EDUCATION, INC.
Scholarship Grant Guidelines

1. The scholarship grants are not to exceed \$300 in any one year, to any one person.
2. This is a **grant** and need not be repaid.
3. The payment will be given/mailed to the recipient. The FAHCE Treasurer shall forward scholarship recipients checks to the Foundation Chairman for distribution.
4. The Scholarship Grant is available to all Florida Home and Community Education members who have been active for a minimum of three (3) current consecutive years and any 4-H members who have completed three (3) years current consecutive years of satisfactory 4-H work. Preference will be given to HCE members re-entering or entering the work force that will require training or retraining.
5. The FAHCE Foundation Advisory Board, the State President and the State Treasurer make grant recipient selections.
6. The grant must be used in Florida at a State College/University, Junior College, Vo/Tech school, Adult Education or state HCL in Florida.
7. Applicants should submit the following information:
 - a. **Application form and letter stating reason and need:** the application must be postmarked by August 15
 - b. **Letters of reference** regarding character
 - c. **A written report of HCE work** which includes a statement of current educational needs and future plans
 - d. **Letter of recommendation** from county agent/advisor, club HCE president or county council HCE President
 - e. 4-H members must provide a **transcript of all high school grades** or most recent grades.
 - f. The 4-H member is to include **recommendation from 4-H coordinator or Agent.**
 - g. The **4-H accomplishments and experiences** of the applicant
8. Subsequent Grants can be given dependent upon the number of new applicants each year, not to exceed a total of two (2) grants to any one applicant.
9. These guidelines are to be reviewed annually by the FAHCE Foundation Chair and the Executive Committee.
10. Application must be postmarked by August 15th
Mail this application and all required information to the following address:
FAHCE Foundation Chair
Carol Hommema
1169 Ware Ave.
Port Charlotte, FL 33948

FLORIDA ASSOCIATION FOR HOME & COMMUNITY EDUCATION, INC.

FAHCE Scholarship Grant Application

Name _____ Date _____

Address: _____

City : _____, Florida Zip Code: _____

County _____ District _____

Age ____ Date of Birth _____ Circle One: Single Married Separated Divorced n/a

HCE MEMBER:

I am currently a member of the _____ club for Home and Community Education and have been an active member for ____ years.

4-H MEMBER:

I am currently a member of the _____ 4-H Club, and have been an active member for ____ years. See Scholarship Grant Application Guidelines. If this is a subsequent application, submit your most recent transcript of grades.

___ I am planning to attend Name of School _____
___ I have been accepted
___ I am currently attending City _____

Date I plan to enter school _____

Major Course _____ Minor Course _____

This is my 1^s 2nd 3rd 4th application. (Circle one. Limit is 4!)

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