Family and Consumer Sciences Scholarship Application Form

This scholarship is only available for college sophomores, juniors and seniors.

Application must be completed to be considered for a scholarship.

Name: ________________________________________________________

Home Phone: ( ) ____________________ Work Phone: ( ) ________________ Other: ( ) ____________________

Email: _______________________________________________________________________________________

School Address: ____________________________________________________________________________

Home Address: ____________________________________________________________________________

Birth Date: ______ / ______ / ______ How long have you lived in West Virginia? ______________________

College/University attending: ________________________________________________________________

Major: ____________________________________________________________________________ Year in school: ___________________

Cumulative grade-point average: ___________ Full- or part-time student? _______________ Expected date of graduation: ___________

Complete the following information.

☐ Dependent ☐ Independent Estimated annual income (parent income if a dependent): ________________

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single

Spouse’s name: ____________________________________________________________________________

Occupation: ________________________________________________________________________________ Approximate length of time employed: ___________

Parent(s) or Guardian’s name: ____________________________________________________________________________

Occupation: ________________________________________________________________________________ Approximate length of time employed: ___________

Occupation: ________________________________________________________________________________ Approximate length of time employed: ___________

List other financial aid you receive (e.g., scholarships, aid, loans, etc.)

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<th>Date Received</th>
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– Continued –
Applicant’s work experience.

Past employer(s) or attach employment resume: Dates employed:
___________________________________________________________________________________________  _______________________________________
___________________________________________________________________________________________  _______________________________________
___________________________________________________________________________________________  _______________________________________
___________________________________________________________________________________________  _______________________________________
Current employer:  
______________________________________________________________________________________________________________
Hours worked per week:  Hourly wage: ________________________________________________
What interests you in this scholarship?  
_______________________________________________________________________________________________________________________________
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What are your specific career plans?  
_______________________________________________________________________________________________________________________________
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Is there anything else we should know when considering your application?  
_______________________________________________________________________________________________________________________________
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Application deadline is April 1.

Please enclose three letters of reference and your college transcript of work completed to date, and mail to:
Brenda Porter
Cabell County WVU Extension Service Office
2726 Howells Mill Road
PO Box 219
Ona, WV 25545-0219

West Virginia CEOS is supported by the WVU Extension Service Families and Health Programs