FAHCE Scholarship Grant Guidelines

1. The scholarship grants are not to exceed $500 in any one year, to any one person.

2. This is a grant and need not be repaid.

3. The monetary amount of grant will be awarded/mailed to the recipient upon receipt of proof of admission from the Educational Institution.

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 to 4-H members who have completed three (3) years current consecutive years of satisfactory 4-H work. Preference will be given to HCE members entering or re-entering the work force into a job field that will require training or retraining.

5. The FAHCE Foundation Advisory Board makes grant recipient selections.

6. The grant must be used in Florida at a State College/University, Junior College, Vocational/Technical School, or Adult Education institute.

7. Applicants should submit the following information:
   a. Application from and letter stating reason and need: the application must be postmarked by August 15
   b. Letters of reference regarding character
   c. HCE member - A written report of HCE work which includes a statement of current educational needs and future plans
   d. HCE member - Letter of recommendation from county agent/advisor, club HCE president or county council HCE President
   e. 4-H member - a transcript of all high school grades or most recent grades
   f. 4-H member - Letter of Recommendation from 4-H coordinator or agent
   g. 4-H member - A written report of 4-H accomplishments and experiences

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.
FAHCE Scholarship Grant Application

Name: ___________________________________________ Date: __________

Address: ____________________________________________________________________

City, Zip: __________________________________________________________________

Email: _____________________________________________________________________

Phone: ___________________________ Cell: __________________________

Emergency Contact Name & Number: ____________________________________________

County: ___________ District: _____ Age: ___ Date of Birth: ____________

Circle One: Single Married Separated Divorced

HCE Member:
I am currently a member of the ________________________ Club of ________________
County for Home and Community Education and have been an active member for _______ years. See Scholarship Grant Application Guidelines.

4-H Member:
I am currently a member of the ________________________ 4-H Club of ________________
County 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.

Please Check One: Please Complete School Information:

____ I am planning to attend. Name of School: ______________________________________

____ I have been accepted. City: ________________________________________________

____ I am currently attending. Date I plan to enter school: _________________________

Major: ___________________________ Minor: __________________________

This is my 1st 2nd 3rd 4th application. (Circle one - Limit is 4)

I have reviewed this applicant's package. ______________________________

FAHCE County Agent / 4-H Agent ________________________ Date

DEADLINE: Package must be postmarked by AUGUST 15th

Please mail this application and all required information to the following address:
FAHCE Foundation Chair
Carol Hommera
1169 Ware Ave
Port Charlotte, FL 33948-6239

Revised 1/2016