

# MISSISSIPPI ASSOCIATION OF FAMILY AND CONSUMER SCIENCES

## SCHOLARSHIP CRITERIA

What is the number of scholarships offered?

*One state scholarship will be given.*

What is the dollar amount of the scholarship?

*The State MAFCS Scholarship will be \$500 each districts contributing \$50.*

Who may apply for MAFCS Scholarship?

*Any deserving student presently attending college in Mississippi and majoring in any phase of Family and Consumer Sciences or who will be enrolled a an incoming freshman in the fall.*

What is the basis for selection?

*Academic achievement and/or financial need as long as the individual has a sincere desire to achieve a bachelor's degree in Family and Consumer Sciences.*

When and to whom should the application be submitted?

*Applications should be postmarked by **April 5, 2008** to the State Scholarship Chair.*

When will recipient be notified?

*The applicant will be notified of the award during May 2008.*

When will the scholarship be awarded?

*The money will be paid directly to the student when the scholarship chair receives verification of enrollment.*

When will the recognition of the scholarship winner be done?

*Recognition will be given at the District MAFCS meeting and the State MAFCS Annual meeting.*

Where do you apply?

*Submit application to the Awards Chair:*

*Dr. Jan Haynes*

*P.O. Box 3273*

*Delta State University*

*Cleveland, MS 38733*

**MISSISSIPPI ASSOCIATION OF FAMILY AND CONSUMER SCIENCES  
STUDENT SCHOLARSHIP AWARD  
APPLICATION FORM**

**I. PERSONAL INFORMATION**

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Date of Birth: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Age \_\_\_\_\_

**II. High School and/or College Record**

1. High School attended \_\_\_\_\_
2. Year of Graduation \_\_\_\_\_
3. Name of college you attend or plan to attend \_\_\_\_\_
4. Number of years in Family and Consumer Sciences classes \_\_\_\_\_
5. List Clubs and Organizations to which you belong(ed) in school/college

<b>Name of Club</b>	<b>Years Membership</b>	<b>Office(s) held</b>	<b>Year</b>

6. List activities (such as music, band, cheerleading, public speaking, athletics, etc.)

---

---

---

---

### III. Community Awards

1. List clubs or organizations (other than those in school).

Name of Club	Years Membership	Office(s) held	Year

### IV. Information Concerning Finances

1. Will you have money to help pay college expenses? \_\_\_ Yes \_\_\_ No
2. If so, how much? \_\_\_\_\_ From Whom? \_\_\_\_\_
3. Have you earned any money to help attend college? \_\_\_ Yes \_\_\_ No
4. If so, how much? \_\_\_\_\_
5. State of health: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor
6. Do you have any physical problems that will interfere with your college work?
7. \_\_\_ Yes \_\_\_ No
8. I certify that the foregoing are true statements:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of District MAFCS Member supporting application \_\_\_\_\_

Date \_\_\_\_\_

Mail by April 5, 2008 and included the following:

1. A copy of your high school or college transcript.
2. A letter from the applicant which includes the following:
3. General description of the student's family financial need.
4. Student's educational plans.
5. Personal and professional career plans.
6. A brief statement as to why the student would like to receive the scholarship.

Mail applications to:

Dr. Jan Haynes  
P.O. Box 3273  
Delta State University  
Cleveland, MS 38733