

# California Association of Family and Consumer Sciences Scholarship Application

1. Applicant must be a member of the American Association of Family and Consumer Sciences and California Affiliate including student affiliate.
2. One clear copy of this completed application form.
3. One official transcript of scholastic record from each collegiate institution attended (each in a sealed envelope).
4. Recommendations (in sealed envelopes) from three professionals. Letter of Recommendation should address the candidates past, current, and future contributions to the field of Family and Consumer Sciences.
5. Copy of AAFCS membership card or copy of canceled check for AAFCS.
6. All materials listed above should be placed in one envelope and sent to the address at the end of this application.
7. Late or incomplete applications will not be considered.
8. Applications are due **April 17, 2009.**

**Scholarship Category:**

\_\_\_\_\_ Undergraduate      \_\_\_\_\_ Graduate

**Application Due Date:** April 17, 2009

**Full Name:**

\_\_\_\_\_

**Home or Permanent Address:**

\_\_\_\_\_

**School Address:**

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Current Occupation or Employment:** \_\_\_\_\_

\_\_\_\_\_

**Collegiate Institutions Attended:** (Include applicable dates and degrees earned.)

School Name: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

School Name: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degree(s) Earned \_\_\_\_\_

School Name: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_

**Honors Received:**

Scholastic Honors:

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Professional Honors:

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**Memberships:**

Honor Societies:

Offices Held:

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**Experiences or responsibilities that especially qualify you for this scholarship:**

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**Degree and Major for which you are now studying:**

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**Summarize briefly your professional aims and goals:**

(150 words or less on a separate sheet of paper.)

**What leadership roles have you held professionally or as a community citizen?**

(On a separate sheet of paper.)

**Signature of Candidate:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return to:**

Dr. Kay Wilder  
Department of Family and Consumer Sciences  
Point Loma Nazarene University  
3900 Lomaland Drive  
San Diego, CA 92106