**POST-SECONDARY FCCLA SCHOLARSHIP PLAN**

**SOUTH DAKOTA FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA**

One FCCLA scholarship of $400 each may be awarded to South Dakota Family and Consumer

Sciences Post-secondary student each year in accordance with the following regulations:

1. Applicants must be legal residents of South Dakota, graduating or having graduated from

a South Dakota high school and attending postsecondary school in South Dakota.

2. All applicants must have been active members of a Family, Career and Community

Leaders of America (FCCLA) chapter during high school attendance.

1. Awards will be evaluated on FCCLA leadership and involvement. Each applicant must

possess good character, leadership ability and seriousness of purpose as evidenced by recommendations, academic records and interviews (if requested).

1. The postsecondary scholarship will be awarded according to the criteria: a college

freshman, sophomore or junior enrolled in Family & Consumer Sciences education and attending South Dakota State University.

1. Students may apply for a scholarship more than once but may not receive the

scholarship two consecutive years. Scholarships will be awarded at $200 per semester

for a maximum of $400.

1. The scholarship money is in the State Scholarship FCCLA fund and will be awarded

directly to the student or through a university financial officer. Verification of enrollment

at the school is required prior to issuing each check, each semester.

1. Recommendations for scholarship winners will be made by a Scholarship Committee

appointed by the state office. Final selection of the scholarship winners will be made by

a scholarship committee.

If you are interested in applying for this scholarship, you will find the application form on the following pages or at web site of [www.sdfccla.org .](http://www.sdfccla.org/) Complete the form and return to:

Kris Brockhoft, SD FCCLA, 103 Wenona Hall, SDSU, Box 0507, Brookings, SD 57007.

**Application is due March 1st**. Announcement of winners will be made by the Executive Council at the annual State FCCLA Leadership Conference.

**FCCLA SCHOLARSHIP APPLICATION**

(To be completed by postsecondary student.)   
(Include Evaluation Form with Application)

**Postmarked No Later Than March 1st.**

Name in Full:

Permanent Address:

Address Street City County State Zip Code

E-Mail Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Cell Phone Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

College or postsecondary school currently attending:

Grade point average:

(Attach copy of official transcript)

Majoring in:

Number of years you were an FCCLA member

Presently an affiliated FCCLA Local/National Alumni member: \_Yes No

If no, explain why not?

List FCCLA involvement since graduation from high school. This would include serving as evaluator for STAR Events, serving as a resource person for local chapters, presenting workshops at Leadership Camps, etc.

**Personal Growth**

State personal growth, which resulted from FCCLA involvement - new skills gained, new understanding acquired, values received or gained, etc.

**Honors**

List other honors or accomplishments you have received in college.

How did FACS/FCCLA influence your career choice and how do you expect to impact families with your education?

Identify community service and volunteer involvement (while/since) high school.

**Signed Application**

The above statements are correct and true to the best of my knowledge and belief. I have read the FCCLA Scholarship Plan.

Applicant’s Signature Date

**References**

Please ask three people to fill out the recommendation form and have them mail their recommendation letters directly to Kris Brockhoft, State Adviser, SD FCCLA, 103 Wenona Hall, SDSU, Box 0507, Brookings, SD 57007.

1. College Advisor

2. Instructor

3. Non-Relative (e.g. employer, employer etc.)

**RECOMMENDATION FOR FCCLA SCHOLARSHIP**

Name of Applicant:   
  
Address:

Your knowledge of this student will assist the FCCLA Scholarship Committee in considering the student’s qualifications for scholarship aid. We request your recommendation, from either records or personal knowledge, on the following items. The committee will give your statement much consideration.

Academic aptitude and promise.

Personal qualifications. Does the student accept responsibility without prodding? (Mention any activities in which you have observed the applicant. Give your estimate of the quality of his/her performance.)

Additional remarks.

Signature Date

Title or Occupation

Please return directly to: Kris Brockhoft, SD FCCLA, 103 Wenona Hall, SDSU, Box 0507,

Brookings, SD 57007

Postmarked by: March 1st

**SCHOLARSHIP EVALUATION**Include copy of this page with application - to be filled in by Scholarship Committee

|  |  |  |
| --- | --- | --- |
|  | Points  Possible | Points  Received |
| I. | Scholastic 5 |  |
| II. | Number of years as an FCCLA member 5 |  |
|  | Number of years as an Alumni member 5 |  |
| III. | Involvement as an Alumni member  STAR Event assistance at:  Districts/Regions 10 |  |
|  | State 10 |  |
|  | Resource person for/at:  Local chapter(s) 10 |  |
|  | District(s)/Region(s) 10 |  |
|  | State 10 |  |
| IV. | Community Service/Volunteer Involvement 25 |  |
| V. | Personal growth through FACS/FCCLA  Involvement 15 |  |
| VI. | College participation/honors 10 |  |
| VII. | Career choices through FACS/FCCLA  Involvement 15 |  |
| VIII. | References:  1) 5 |  |
|  | 2) 5 |  |
|  | 3) 5 |  |

Total possible points 145

Awarded