



INDIANA EXTENSION HOMEMAKERS ASSOCIATION®
CAREER ADVANCEMENT SCHOLARSHIPS

Please give to applicant along with application

INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Applicant must be a homemaker twenty-five (25) years of age or older, and a resident of Indiana.
2. Please type or print clearly.
3. Attach the following to completed application:
 - a. Two (2) character reference letters
 - b. A copy of transcript of courses completed
 - c. A copy of the College/School acceptance letter, if courses have not started
 - d. A biographical statement, including educational background, financial need, volunteer or community service activities, and other pertinent information
 - e. A copy of the first two (2) pages of your Federal 1040 Tax Return
4. Applications must be **postmarked by MARCH 15th** to be considered.

CRITERIA FOR JUDGING SCHOLARSHIPS

- Applications that are incomplete or that have missing information will not be considered.
- Scholarships are usually granted for Undergraduate degrees, not Master degrees.
- Scholarships will be awarded with regard to financial need.
- Former winners may apply again.
- Certified or registered mail is optional and not a requirement.
- **Applications not postmarked by March 15th will not be considered.**

Consideration is given to the following:

- A. Organization, neatness, grammar, and clarity of the application
- B. Financial need, as documented by the tax return
- C. Proven ability on a course of study, if currently enrolled
- D. Clear goals & realistic expectations
- E. The transcript of grades indicates the ability to do advanced work (an “official” copy is acceptable).

POINT SYSTEM USED FOR JUDGING

	<i>Maximum Points</i>
Financial Need	40
Willingness to self-help	20
Potential success in chosen field	20
Volunteer/Community Service	10
References	5
Neatness of application	<u>5</u>
Total points	100

IEHA Mission Statement
*To strengthen families through
 continuing education, leadership
 development and volunteer community
 support.*

Eight (8) - \$500.00 scholarships will be given: one (1) to an IEHA member, one (1) to a degree in the medical profession & six (6) random.

Membership in IEHA is a qualification only to be considered for the Eleanor Arnold Award. This does not give preference for the remaining seven (7) scholarships.

Mail your completed application to the IEHA IMMEDIATE PAST PRESIDENT:

Barb Keyes
1478 W. 500 S.
Peru, IN 46970



CAREER ADVANCEMENT SCHOLARSHIP

Indiana Extension Homemakers Association

SEE ATTACHED SHEET FOR INSTRUCTIONS FOR COMPLETING APPLICATION

County _____ IEHA District _____

Applicant's Name _____

Present Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Age _____ Marital Status _____ Number of Dependents _____

Are you currently employed? Yes _____ No _____

Name of current employer (if employed) _____

Position _____ Salary/Wages _____

What will be the source of your funds? _____

(i.e.) Family income, scholarship, grants, savings, parents or other _____

How much is available? _____

Have you received this scholarship before? Yes _____ No _____

If yes, when? _____

Are you an Extension Homemaker Member? Yes _____ No _____

Mission Statement

To strengthen families through continuing education
Leadership development, and volunteer community support

Why do you have a financial need? _____

What is your course of study? _____

What are your goals and the time line for accomplishing these goals? _____

EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED

Institution's Name _____

Course of Study _____

Degree Sought _____ Expected Date of Completion _____

Amount of Tuition/Fees per Semester \$ _____

Date Payment Must be Made _____ Date Term Begins _____

Have you been admitted? _____

SCHOLARSHIP WINNER WILL BE NOTIFIED BY MAY 15

PAYMENT WILL BE MADE AFTER JULY 1. THE SCHOLARSHIP WILL BE PAID IN THE AMOUNT OF \$500.00 FOR A PERIOD OF STUDY NOT TO EXCEED 12 MONTHS.

MUST BE POSTMARKED BY MARCH 15

SEND TO:

**Barb Keyes
1478 W. 500 S.
Peru, IN 46970**