

**INDIANA EXTENSION HOMEMAKERS ASSOCIATION ®  
CAREER ADVANCEMENT SCHOLARSHIP INSTRUCTIONS**

**Eight \$500 Scholarships will be given.** One (1) as the Eleanor Arnold Award to an IEHA member, one (1) as the Ann Hancock Award to a degree in the medical profession, and six (6) random scholarships.

Read and follow the instructions for completing the application. Applications that are incomplete or that have missing information will not be considered. Scholarships are usually granted for Undergraduate degrees rather than Masters degrees. Scholarships will be awarded with regard to financial need. Former winners may reapply.

**INSTRUCTIONS**

1. Applicant must be a homemaker twenty five (25) years of age or older, and a resident of Indiana.
2. Type or print clearly
3. Attach the following to the completed application:
  - a. Two character reference letters
  - b. A copy of the 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 pages of your 1040 tax form
4. Applications must be postmarked by March 15, to be considered.
5. Certified or registered mail is optional and not a requirement.
6. Membership in IEHA is a qualification only to be considered for the Eleanor Arnold Award. Membership does not give preference for the remaining seven scholarships.

**JUDGES CONSIDER:**

- The organization of the application, neatness, grammar and if he/she expresses themselves clearly.
- Financial need, as documented by the tax return.
- Proven ability in a course of study, if currently enrolled.
- Clear goals and realistic expectations.
- The transcript of grades indicates the ability to do advanced work. (A copy of an “**OFFICAL**” transcript will be accepted.)

**CRITERIA FOR JUDGING:**

	Maximum Points
Financial need	40
Willingness to self help	20
Potential success in chosen field	20
Volunteer and community experience	10
References	5
Neatness of application	<u>5</u>
Total points	100

**APPLICATIONS NOT POSTMARKED BY MARCH 15 WILL NOT BE JUDGED.**

Mail your completed application to the **IEHA IMMEDIATE PAST PRESIDENT .**



## 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:**

Rosalind Richey  
1813 N. 650 W.  
New Castle, IN 47362  
Phone (765) 533-6612