



# ***INDIANA EXTENSION HOMEMAKERS ASSOCIATION®***

## ***CAREER ADVANCEMENT SCHOLARSHIPS***

***Please give to applicant 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 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 pages of your Federal 1040 tax form.
4. Applications must be postmarked by **March 15**, to be considered.

### **CRITERIA FOR JUDGING SCHOLARSHIPS:**

#### **READ and FOLLOW INSTRUCTIONS FOR COMPLETING APPLICATION.**

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.

#### *Mission Statement*

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

**Judges look at:**

The organization of the application, neatness, grammar, and if he/she expresses himself/herself clearly.

Financial need, as documented by the tax return.

Proven ability on 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 “**OFFICIAL**” transcript will be accepted.)

**Eight \$500.00 scholarships will be given.** One (1) to an IEHA member, one (1) to a degree in the medical profession and six (6) random scholarships.

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

**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

Certified or registered mail is optional and not a requirement.

**Applications NOT POSTMARKED BY MARCH 15**  
**WILL NOT BE JUDGED**

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

**Gloria Del Greco**  
**18448 Eagletown Rd.**  
**Westfield, IN 46074**



## 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 \_\_\_\_\_ ate 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:**

**Gloria Del Greco  
18448 Eagletown Rd.  
Westfield, IN 46074**