



North Carolina FCCLA FACS Teacher Scholarship

This scholarship is offered annually to encourage outstanding affiliated NC FCCLA members to pursue a degree in FACS Education. One \$500 scholarship will be awarded annually. Each recipient will be eligible for up to a total of \$2000 over a four-year period. The student must maintain a 2.0 GPA to keep the scholarship for the four-year period.

WHO IS ELIGIBLE TO APPLY	HOW ARE WINNERS SELECTED	COMMITTEE MEMBERS FOR SELECTION
<ul style="list-style-type: none"> Current Affiliated NC FCCLA Member for the current year 	<ul style="list-style-type: none"> Characteristics deemed relative to success in teaching FACS 	<ul style="list-style-type: none"> A committee of FACS advisers
<ul style="list-style-type: none"> Be a resident of North Carolina 	<ul style="list-style-type: none"> SAT Scores 	<ul style="list-style-type: none"> One Teacher Educator
<ul style="list-style-type: none"> Be a senior attending a NC High School 	<ul style="list-style-type: none"> Outstanding qualities of leadership in school and community life 	<ul style="list-style-type: none"> Three other educators/administrators
<ul style="list-style-type: none"> Meet entrance requirements of a NC college or university which offers a degree in FACS 	<ul style="list-style-type: none"> Scholastic achievement 	<ul style="list-style-type: none"> NC FCCLA State Adviser
<ul style="list-style-type: none"> Enroll in college or university in the Fall following the receipt of the scholarship 		
<ul style="list-style-type: none"> Major in FACS 		



NC FCCLA FACS TEACHER APPLICATION

INSTRUCTIONS: Complete the following application and return it six weeks prior to the NC FCCLA State Leadership Meeting. The application forwarded to the NC FCCLA State Adviser. Information must be printed or keyed into the space provided. **DO NOT** write on back or add any additional pages.

SEND WITH APPLICATION:

- 1 official copy of high school transcript
- 3 letters of recommendation (FCCLA Chapter Adviser, School Administrator or teacher, one other individual from the community, not a relative)
- 1 two-page typewritten theme: “The role of FCCLA in my life”
- 1 one-page typewritten theme: “Why I want to teach FACS”

PLEASE TYPE:

Full Name of Applicant: _____

Name of High School: _____

School Address: _____ Phone: _____

Home Address: _____

Name of Parents/Guardians: _____

Date of Birth: _____ Date of Graduation: _____

Social Security Number: _____

Number or Years in FACS Classes: ____ Number of years as an affiliated FCCLA Member _____

Name of college/university the applicant plans to attend: _____

LIST FCCLA ACTIVITIES:	
YEAR:	ACTIVITY:

LIST FCCLA OFFICES YOU HAVE HELD:	
YEAR:	OFFICE:

FCCLA AWARDS OR SPECIAL ACCOMPLISHMENTS:	
YEAR:	AWARD/ACCOMPLISHMENT:

OTHER SCHOOL ACTIVITIES, OFFICES HELD OR AWARDS:	
YEAR:	ACTIVITY:

LIST COMMUNITY ACTIVITIES:	
YEAR:	ACTIVITY:

LIST EMPLOYMENT:	
EMPLOYMENT/DATES:	POSITION:

LIST ACADEMIC INFORMATION:	
CLASS RANK/CLASS SIZE:	NON-WEIGHTED GPA:
SAT (VERBAL)	SAT (MATH)

STATEMENT GOT FCCLA ADVISER/SCHOOL COUNSELOR

I have examined this application and the information and find that the records and information are true, complete and accurate.

_____ (FCCLA Adviser) _____ (Date) _____ (School Counselor) _____ (Date)

STATEMENT FOR PARENT/GUARDIAN

I certify that:

- The information provided is true, complete, and accurate.
- I have read and understand the rules governing the scholarship.
- I will abide by the rules governing the scholarship.
- If I fail to fulfill the rules governing the scholarship, I will repay the scholarship on the same terms it was disbursed. Repayment will begin within 60 days following certified notification of non-eligibility or scholarship forfeiture.
- The student will send the college transcript within one month following each semester to the NC FCCLA state adviser with a cover letter requesting the \$250 payment made to the university/college business office for that semester.

Signatures for Parent/Guardians

I have examined this application and the information and find that the records and information are true, complete and accurate.

_____ (Parent/Guardian) _____ (Date)