

2025

HENDRICKS COUNTY EXTENSION HOMEMAKER SCHOLARSHIP

The Hendricks County Extension Homemakers will offer three \$1,000.00 educational scholarships to qualified Hendricks County graduating seniors to help further their educational goals and to encourage their continued development. The scholarship will be awarded to a recipient regardless of the field of study. However, preference will be given to students enrolled in Health and Human Sciences, Food Science, and Education.

Criteria for Consideration

1. Must be a Hendricks County resident.
2. Must have a high school grade point average of at least a B or decimal equivalent (3.0). **A copy of the applicant's most recent high school grade transcript must be attached to this application.**
3. Applicant must be accepted to an accredited two- or four-year college or university.
4. Must include two recommendations. Please use the attached form.

Field of study: The scholarship will be awarded to a recipient regardless of the field of study. **However, preference will be given to students enrolled in Health and Human Sciences, Food Science, and Education.**

Pertinent Information:

- The scholarship will be non-renewable and payable to the college or university of enrollment on behalf of the student.
- Applications are due in the County Extension Office by **Friday February 7, 2025 at 12:00 p.m.** for the school year beginning the following fall. ****Late applications will NOT be accepted****
- The Extension Homemaker Scholarship Committee will review the applications and select the recipients. Applicants will be notified of the selection.
- Presentation of the scholarship will be made at the annual Extension Homemaker's Achievement Day. If possible, we would like for the recipient and/or parents to attend the Achievement Day program, May 8, 2025.
- It is expected that applicants use the provided forms and charts. Failure to do so will result in disqualification.
- Recipients give Hendricks County Extension Homemakers permission to publish photos and information regarding their scholarship.

Send or drop-off completed application with required documents to the following:

**Hendricks County Extension Office
Attn: Extension Homemakers Scholarship
P.O. Box 7 - 1900 East Main Street
Danville, Indiana 46122-0007**

APPLICATION FOR SCHOLARSHIP
HENDRICKS COUNTY EXTENSION HOMEMAKERS

(Please print or type. Form must be complete.)

Name _____
(first) (middle) (last)

Name you want used in publicity _____
(please print)

Address _____ Zip _____
(street) (town/city)

Email _____

County of Residence _____ Home Phone _____ Cell Phone _____

Date and Year of Birth _____ (mm/dd/yyyy)

Parents/Legal Guardians:

Father's name & address _____

Mother's name & address _____

Parent/Guardian Phone _____ Email _____

High School Information:

Name & address high school _____

Graduation (month/year) _____ Accumulative Grade Point Average _____ out of a possible _____

College/University where you have been accepted and field in which you plan to major:

MOST RECENT HIGH SCHOOL TRANSCRIPT MUST BE ATTACHED TO THE END OF THIS APPLICATION

COMMITTEE USE ONLY

__ Hendricks Co. Resident __ GPA $\geq$ 3.0 __ Accepted College/ University __ Recommendations

ESSAY QUESTION:

Describe your career goals and explain how this scholarship will impact your professional future.

***Limit your response to one page. Neatly print or type your response.**

Please provide us with some information about your Community/ Church involvement in the following table:

Activity or Organization Name	Leadership Role or Office Held	Description of your duties.	Timeframe
<u>Example:</u> Church Youth Group	Secretary	Take notes at each meeting; distribute notes to other members	Junior and Senior Years

Please add extra paper if needed.

Please provide us with some information about the activities or organizations you have participated in during your High School career in the following table:

Activity or Organization Name	Leadership Role or Office Held	Description of your duties.	Timeframe
<u>Example:</u> National Honor Society	Secretary	Take notes at each meeting; distribute notes to other members	Junior and Senior Years

Please add extra paper if needed.

If you have worked during your High School career, please provide your work experience:

Name of Employer	Description of your duties.	Dates
<u>Example:</u> Babysitting	Prepare meals, take children to activities, etc.	Weekends during high school

Please add extra paper if needed.

Recommendations

Recommendations are requested from two individuals. Please choose individuals who can address your scholastic ability, personal character, and leadership abilities. It is suggested that one recommendation come from your High School (e.g. teacher, coach, principal, etc.). Some thoughts for the second recommendation could be: teacher, coach, employer, 4-H leader, minister, etc. Please use the attached form for recommendations.

COMPLETED APPLICATION IS DUE IN THE COUNTY EXTENSION OFFICE BY:

February 7, 2025 at 12:00 p.m.(noon)

***** Late applications will not be accepted*****

Please bring/ mail completed applications to:

Hendricks County Extension Office
Attn: Extension Homemakers Scholarship
P.O. Box 7 - 1900 East Main Street
Danville, Indiana 46122-0007

HENDRICKS COUNTY EXTENSION HOMEMAKER SCHOLARSHIP

RECOMMENDATION FORM

Recommendation for: _____

1. In what capacity have you known the applicant?

_____ Applicant's Teacher

_____ 4-H Leader

_____ School Official

_____ Minister

_____ Counselor

_____ Adult friend

_____ Advisor

_____ Other: _____

2. Please briefly explain why you think this particular applicant should be selected to receive this scholarship. The scholarship will be awarded based on academics and activities. Please comment on scholastic ability, personal characteristics, and leadership abilities.

Recommended by:

Name: _____

Address _____ Zip _____

(street)

(town/city)

Phone: _____ Signature: _____

HENDRICKS COUNTY EXTENSION HOMEMAKER SCHOLARSHIP

RECOMMENDATION FORM

Recommendation for: _____

1. In what capacity have you known the applicant?

_____ Applicant's Teacher	_____ 4-H Leader
_____ School Official	_____ Minister
_____ Counselor	_____ Adult friend
_____ Advisor	_____ Other: _____

2. Please briefly explain why you think this particular applicant should be selected to receive this scholarship. The scholarship will be awarded based on academics and activities. Please comment on scholastic ability, personal characteristics, and leadership abilities.

Recommended by:

Name: _____

Address _____ Zip _____
(street) (town/city)

Phone: _____ Signature: _____