APPLICATION

Morgan County Extension Homemakers Association Scholarship Award

After you have completed the following application, please return it to your school counselor in charge of scholarships. To qualify for this scholarship, you must be in your senior year of high school, a resident of Morgan County, and will have completed 2 semesters of a Health and Human Science course.

Full Name		Age				
Address		Phone				
City	Zip Code	_ Township				
Name of High School	*	J 1,1 (4)				
Years attended this High School	Name of Counselor_					
FAMILY HISTORY:		e				
Father's Name	Occupation _					
Mother's Name						
Number of Siblings List thei	2					
Are you familiar with the Morgan Coun Yes No Have you ever been employed? Yes	ty Extension Homemakers No If so, v	and their activities? where and when?				
List your extra-curricular activities, schoactivities, etc.)						

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1.00			· ' E			A
What college or university have you select	ted to atter	nd and ha	ve you be	en accept	ed?	

What influenced you to apply for this scho	olarship?_					
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Have you applied for other scholarships?	Yes		No			
Have you been awarded any scholarships?	Yes		No			
Note: Please attach two letters of recomme	ndations -	– one fron	n a teache	er of vour	choice an	d one from

Note: Please attach two letters of recommendations – one from a teacher of your choice and one from a non-relative who is not affiliated with your school. Also include a copy of your high school grade transcript, showing class rank, and SAT scores (verbal and nonverbal).

If you are awarded a scholarship, you must pick up your check no later than September 15. The check will be made payable to you and the school you will be attending. If you do not pick up your check by September 15, an alternate winner will be chosen. Further instructions for scholarship winners will be given at the time the award is made.