

OAFCS College Student Scholarship Application

In order to qualify for the scholarship, the applicant must follow all instructions completely. Failure to do so may disqualify a prospective recipient.

Name: _____

Current Address: _____

Permanent Address: _____

E-Mail: _____

Phone: _____

A short biography addressing the following should be included with the application :

- Work experiences
- Career plans
- Community services
- School activities (including FCCLA, if applicable)
- Future educational objectives
- Why you are interested in FCS
- Current college financing plans

Also include the following:

- An official transcript of grades
- A letter of recommendation from your college or university advisor or instructor

AAFCS/ OAFCS Member? _____ No _____ Yes _____ # of years

Expected Graduation Date: _____ (mo/yr)

Please send completed application form and materials to:

Kimberly Shuster
51-55 West State Street
Athens, OH 45701
kshuster@athenscsd.org

Applications must be received by January 31st.