

FCCLA SCHOLARSHIP

APPLICATION SPONSORED BY COMMUNITY STATE BANK

Name: _____

Address: _____

Phone: _____

Parent's Name _____

Date of Birth: _____

Cumulative GPA _____

FCCLA Membership (years) _____

Intended College Major

1. What have you learned as a member of FCCLA that will benefit your life?

**2. Which post-secondary institution will you attend?
Why?**

3. Have you held any leadership positions in FCCLA? If yes, what are they?

4. Please list any FCCLA awards that you have received.

5. What school organizations and clubs are you active in?

6. Please identify your four most outstanding contributions to FCCLA, including local, district, state, and national levels.

7. Please identify your four most important contributions to home and family life within your community.

8. In 25 words or less, submit a short paragraph on "What FCCLA Means to Me."

Signature of Applicant: _____ Date _____

