

**FAHCE SCHOLARSHIP GRANT APPLICATION**

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, Florida Zip Code \_\_\_\_\_

County \_\_\_\_\_ District \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Circle one) Single - Married - Separated - Divorced

E-mail address \_\_\_\_\_

Emergency contact number \_\_\_\_\_

I am currently a member of the \_\_\_\_\_ club  
Of the Florida Association for Home and Community Education (FAHCE) and have been an  
active member for \_\_\_\_\_ years. \*

I am currently a member of the \_\_\_\_\_ 4 -H Club,  
And have been an active member for \_\_\_\_\_ years. \*

- See Scholarship Grant Guidelines. If subsequent application, submit most recent transcript of grades.

\_\_\_\_\_ I am planning to attend Name of school \_\_\_\_\_

\_\_\_\_\_ I have been accepted by City \_\_\_\_\_ FL

\_\_\_\_\_ I am currently attending Date you plans to enter school \_\_\_\_\_

Major Course \_\_\_\_\_ Minor Course \_\_\_\_\_

This is my 1<sup>st</sup>. 2<sup>Nd</sup>. 3<sup>rd</sup>. 4<sup>th</sup>. Application (Circle correct number – Limit 4!)

**DEADLINE** : Postmarked by AUGUST 15<sup>TH</sup>.

Mail this application & required information to: FAHCE Foundation Chairman  
Carol Hommema  
1169 Ware Ave,  
Port Charlotte, FL 33948-6239