

APPLICATION FOR IAHCE SCHOLARSHIP

Please type or print. The completed application must be postmarked by April 1 and sent to the HCE Secretary whose name is listed on cover page

Date of Application: _____ County _____

Name: _____

Last

First

Middle

Address: _____ City _____ State _____ Zip _____

Home Telephone Number (____) _____ e-mail _____

Cell Phone number (____) _____

IAHCE Membership Verification: IAHCE Member Name _____ Number of Years _____
____ Self ____ Parent ____ Grandparent ____ Niece ____ Nephew ____

Current Member 3 + Years in Good Standing

County Verification by Current County Officer:

Name _____ Office _____

State Board Verification: State Secretary _____

Please attach a recent photo to this page.

APPLICATION FOR IAHCE EDUCATIONAL SCHOLARSHIP

(Additional sheets may be used)

How many years have you or your family member been a member of IAHCE?: _____

If you are an IAHCE member, list all HCE offices held in Unit, county or state level: _____
_____List names of High School (s) or college (s) attended and number of years each: _____
_____Name & Address of college you plan to attend: _____

Name of course of study or major you plan to take: _____

What license, certificate or degree is granted on completion? _____

What are your employment goals/plans? _____

Will you be considered a full-time student by the college you attend? Yes _____ No _____

Have you applied for this scholarship before? Yes _____ No _____

Have you received this scholarship before? Yes _____ No _____ If "Yes", how many times? _____

Please attach the most current grade transcript.

List other Honors and awards received: _____

List School Activities: _____

List Community/Church Activities: _____

List Your Work Experiences: _____

Attach two non-family letters of recommendation. (Written within the last six (6) months.)

Attach a short essay (approximately 150 words) stating your educational goals and how this scholarship will help you attain these goals.