



INDIANA EXTENSION HOMEMAKERS ASSOCIATION®  
**CAREER ADVANCEMENT SCHOLARSHIP**

Please give to applicant along with application

**INSTRUCTIONS FOR COMPLETING APPLICATION**

1. Applicant must be a Homemaker twenty-five (25) years of age or older, and a resident of Indiana.
2. Please type or print clearly.
3. Attach the following to completed application:
  - a. Two (2) character reference letters
  - b. A copy of transcript of courses completed
  - c. A copy of the College/School acceptance letter, if courses have not started
  - d. A biographical statement, including educational background, financial need, volunteer or community service activities, and other pertinent information
  - e. A copy of the first two (2) pages of your Federal 1040 Tax Return
4. **Applications must be postmarked by MARCH 15 to be considered.**

**CRITERIA FOR JUDGING SCHOLARSHIPS**

- Applications that are incomplete or that have missing information will not be considered.
- Scholarships are usually granted for Undergraduate degrees, not Master degrees.
- Scholarships will be awarded with regard to financial need.
- Former winners may apply again.
- Certified or registered mail is optional and not a requirement.
- **Applications not postmarked by March 15 will not be considered.**

*Consideration is given to the following:*

- A. Organization, neatness, grammar, and clarity of the application
- B. Financial need, as documented by the tax return
- C. Proven ability on a course of study, if currently enrolled
- D. Clear goals & realistic expectations
- E. The transcript of grades indicates the ability to do advanced work (an “official” copy is acceptable).

**POINT SYSTEM USED FOR JUDGING**

	Maximum Points
Financial Need	40
Willingness to self-help	20
Potential success in chosen field	20
Volunteer/Community Service	10
References	5
Neatness of application	<u>5</u>
<b>Total points</b>	<b>100</b>

IEHA Mission Statement  
 To strengthen families through  
 continuing education, leadership  
 development and volunteer community  
 support.

Eight (8) - \$500.00 scholarships will be given: two (2) to an IEHA member, one (1) to a degree in the medical profession & five (5) random.

Membership in IEHA is a qualification only to be considered for the Eleanor Arnold Award. This does not give preference for the remaining six (6) scholarships.

Mail your completed application to the IEHA IMMEDIATE PAST PRESIDENT:

**Current IEHA Past President**  
**Visit Web-site to get name and address - [ieha-families.org](http://ieha-families.org)**



## CAREER ADVANCEMENT SCHOLARSHIP

Indiana Extension Homemakers Association®

### **SEE ATTACHED SHEET FOR INSTRUCTIONS FOR COMPLETING APPLICATION**

County \_\_\_\_\_ IEHA District \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of current employer (if employed) \_\_\_\_\_

Position \_\_\_\_\_ Salary/Wages \_\_\_\_\_

What will be the source of your funds? \_\_\_\_\_

(i.e.) Family income, scholarship, grants, savings, parents or other \_\_\_\_\_

\_\_\_\_\_

How much is available? \_\_\_\_\_

Have you received this scholarship before? Yes \_\_\_\_\_ No \_\_\_\_\_ If  
yes, when? \_\_\_\_\_

Are you an Extension Homemaker Member? Yes \_\_\_\_\_ No \_\_\_\_\_

#### Mission Statement

To strengthen families through continuing education Leadership,  
development and volunteer community support

Why do you have a financial need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your course of study? \_\_\_\_\_

\_\_\_\_\_

What are your goals and the time line for accomplishing these goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED**

Institution's Name \_\_\_\_\_

Course of Study \_\_\_\_\_

Degree Sought \_\_\_\_\_ Expected Date of Completion \_\_\_\_\_

Amount of Tuition/Fees per Semester \$ \_\_\_\_\_

Date Payment Must be Made \_\_\_\_\_ Date Term Begins \_\_\_\_\_

Have you been admitted? \_\_\_\_\_

**SCHOLARSHIP WINNER WILL BE NOTIFIED BY MAY 15**

**PAYMENT WILL BE MADE AFTER JULY 1.**

THE SCHOLARSHIP WILL BE PAID IN THE AMOUNT OF \$500.00 FOR A PERIOD OF STUDY NOT TO EXCEED 12 MONTHS.

**MUST BE POSTMARKED BY MARCH 15**

SEND TO:

**Current IEHA Past President**

**Visit Web-site to get name and address - [ieha-families.org](http://ieha-families.org)**