SCHOLARSHIP GUIDELINES
1. Applicant must be a resident of the State of Indiana.
2. Applicant must be admitted or be enrolled in an accredited college or university or an accredited vocational or technical program. This should be a two-year program earning an industry certification in the chosen field.
3. Vocational and technical scholarship applicants must include a letter from school advisor stating that candidate is on track for graduation.
4. Attach the following to completed application:
   a. Two (2) character reference letters from persons not related to you.
   b. Official High School transcript of courses completed, including GPA and class rank.
   c. A copy of the College/School acceptance letter, if courses have not started.
   d. A copy of acceptance letter to an accredited vocational/technical school.
   e. A letter of recommendation from your primary technical instructor or director.
   f. A 500-word essay describing the life skills applicant has developed through high school and community involvement. Include educational background, financial need, volunteer or community service activities and how applicant would benefit from this scholarship.
5. Applications must be postmarked by MAY 1 to be considered. Applications postmarked after May 1 will not be considered.

CRITERIA FOR JUDGING SCHOLARSHIPS
• Applications should be typed or clearly printed. Applications that are incomplete or have missing information will not be considered.
• Scholarships will be granted toward Undergraduate degrees, not Master degrees.
• Scholarships will be awarded with regard to financial need.
• Certified or registered mail is optional and not a requirement.
• Former winners may apply again.

Consideration is given to the following:
A. Organization, neatness, grammar, and clarity of the application
B. Financial need, based on stated available funds.
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.

POINT SYSTEM USED FOR JUDGING

<table>
<thead>
<tr>
<th>Category</th>
<th>Maximum Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Need</td>
<td>40</td>
</tr>
<tr>
<td>Potential success in chosen field</td>
<td>20</td>
</tr>
<tr>
<td>Volunteer/Community Service</td>
<td>20</td>
</tr>
<tr>
<td>Willingness to self-help</td>
<td>10</td>
</tr>
<tr>
<td>References</td>
<td>5</td>
</tr>
<tr>
<td>Neatness of application</td>
<td>5</td>
</tr>
<tr>
<td>Total points</td>
<td>100</td>
</tr>
</tbody>
</table>

The Mission of the Indiana Extension Homemakers Association is to strengthen families through continuing education, leadership development and volunteer community support.

Mail your completed application to the IEHA IMMEDIATE PAST PRESIDENT

Visit ieha-families.org to get name and address.

Five (5) $500.00 scholarships will be given: Four (4) to an applicant admitted to or enrolled in a state accredited college or university and one (1) to a state accredited vocational and technical program.
“STEPS TO SUCCESS” SCHOLARSHIP
&
Vocational or Technical 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 _______ Male _____ Female_____ Are you currently employed? Yes _____ No _____

Name of current employer (if employed) ______________________________ __________________

Position ___________________ Salary/Wages __________________________

What will be the source of your educational funds? (i.e. Family income, scholarship, grants, savings, etc.)
____________________________________________________________________________________

Have you received this scholarship before? Yes _____ No _____ If yes, when? ______________

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? ______________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Extra-Curricular Participation__________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

-1-
EDUCATIONAL INSTITUTION WHERE ENROLLMENT HAS BEEN ACCEPTED
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 ____________________
Date of admission acceptance ____________________________ School Year ________________

STATEMENT BY APPLICANT:
I personally have prepared this report and certify that it accurately reflects my work:
_________________________________________ Date ______________
*Signature of Applicant

APPROVAL OF THIS REPORT
We have reviewed this report and believe it to be correct:
_________________________________________ Date ______________
*Signed Parent or Guardian

NOTE: This application will not be returned (copy before submitting).
*Signature indicates implied consent that these materials will be reviewed by the selection committee.

SCHOLARSHIP WINNER WILL BE NOTIFIED BY JULY 1.
PAYMENT WILL BE MADE AFTER AUGUST 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 May 1
SEND COMPLETED APPLICATION with all ATTACHMENTS TO:

Current IEHA Past President
Visit IEHA Website for name and address
ieha-families.org

Prepared February 2019