



Family, Career and Community Leaders of America®
2010 Enjoy the City Scholarship
Application

Enjoy the City will provide one (1) \$1,000 scholarship annually to a qualified FCCLA chapter or state officer. Applicants must demonstrate active and steady involvement in FCCLA at the local, state, and national level. This scholarship will recognize exemplary leadership in FCCLA activities, volunteer efforts, and community involvement. Applicants should be able to articulate the personal leadership skills that they have developed with FCCLA, and illustrate how they hope to carry them throughout their life. The recipient will be selected by a selection committee based on the application information provided.

Please complete the following instructions to apply for the Enjoy the City Scholarship.

Eligibility:

Open to a **nationally** affiliated FCCLA member who:

- is a current senior in high school (grade 12)
- is a current FCCLA chapter or state officer
- has taken the ACT or SAT examination
- affiliated with national FCCLA by March 1, 2010
- has or intends to apply to a degree-granting institution leading to an associate's or bachelor's degree in any field of study.

Instructions:

1. Type all information using 10pt. Times New Roman font.
2. Do not alter this form in any way or use abbreviations.
3. Complete all sections of the application.
4. List information chronologically beginning with the earliest date first.
5. Use only the space provided. Do not send additional pages. Applicants will be judged solely on information contained in this form and your recommendations. Applications cannot be returned to applicant.
6. **Attach** your most recent **official high school transcript** including the first semester grades of your senior year. Your official high school transcript **must** also include standardized college entrance exam scores (ACT and/or SAT).
7. **Include a copy of your chapter affiliation verifying national dues paid by March 1, 2010.**
8. Applicants must include two (2) recommendations: one from their local adviser and one from an individual knowledgeable of the student's non-FCCLA activities. (*Recommendations must be signed and should be no more than 100 words*).
9. All signatures must be included in this application.
10. Application must be postmarked by **April 1, 2010**.
11. Return application to:

**Family, Career and Community Leaders of America, Inc.
Attn: Enjoy the City Scholarship
1910 Association Drive
Reston, VA 20191-1584**

Procedure/Recognition:

This scholarship is a one-time cash award payable directly to the college or university in the fall of their first year. Funds must be applied toward tuition, room, and/or board. If the recipient withdraws from college, unused funds must be returned to FCCLA. The winner will be notified by **May 2010**. Applications will be evaluated for style and expression as well as content. Conciseness of written remarks is recommended. Scholarship winners are invited to attend the 2010 FCCLA National Leadership Conference in Chicago, Illinois, to receive recognition for their award. Travel expenses to attend the meeting are the responsibility of the scholarship award winner. For further questions, please contact FCCLA at (703) 476-4900.

2010 ENJOY THE CITY SCHOLARSHIP

I. APPLICANT INFORMATION

Name _____ Date of Birth _____
Home Address _____
City _____ State _____ Zip _____
Home Phone _____ Email _____
Guardian Name _____
Guardian Address _____
City _____ State _____ Zip _____

II. FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA, INC. CHAPTER INFORMATION

Name of Chapter _____ Number of Years as a Member (include current year) ____
Adviser Name _____ Adviser Email _____
School Name _____
School Address _____
City _____ State _____ Zip _____
School Phone _____ School Fax _____

III. ACADEMIC PERFORMANCE

Indicate Grade Point Average (GPA) _____ (on a 4.0 non-weighted scale)
Rank in Class _____ Grade in School _____
No. in Class _____ Year of Graduation _____
SAT Scores: Critical Reading: _____ and/or ACT Cumulative Scores: _____
Math: _____
Writing: _____

List significant awards received that indicate the quality of your academic performance.

Year	Type of Award	Reason Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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IV. LEADERSHIP EXPERIENCES

List FCCLA elected offices held at the local, regional, and state levels.

Year	Level	Office	Responsibilities Assumed

List participation in FCCLA committees at local, regional, state, and national levels.

Year	Level	Committee	Responsibilities Assumed

V. OTHER ACTIVITIES AND AWARDS

School and Community Activities (List offices held, responsibilities, and committee roles where applicable; and provide a brief description of each organization)

List volunteer contributions to the community, school, other organizations, and individuals carried out through your FCCLA chapter and on your own. Include the number of hours of a one-time contribution. If weekly, include average number of hours per week. Include the size of the audience and your degree of involvement. Do not repeat experiences listed earlier.

Year	Type of Activity	Number of Times	Number of Hours	Size of Audience and Degree of Involvement

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V. OTHER ACTIVITIES AND AWARDS (CONTINUED)

Special Honors/Awards (Include recognition for volunteer experiences.)

VI. COLLEGE/UNIVERSITY INFORMATION

Describe your career goals and why you have selected the college(s) and/or university(s) to which you have applied. (200 words or less)

Indicate the college or university you are planning to attend. If applications are still pending, indicate schools to which you have applied.

College/University

City/State

Intended Major/Minor _____

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VII. PERSONAL ESSAY

Describe three (3) exemplary qualities gained through your leadership experiences, and how you plan to use them in your future college, community, and career. (300 words or less)

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VIII. RECOMMENDATIONS

Please provide and mail along with your application, two (2) written and signed recommendations, 100 words or less, from the following individuals:

- Your FCCLA Chapter Adviser
- An individual knowledgeable of your non-FCCLA activities

Recommendations not signed or sent with your application will not be accepted.

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I have personally prepared this application and certify that it accurately reflects my work.

Signature of Applicant

Date

We have reviewed this application and believe the information provided is accurate.

Signature of Parent or Guardian

Date

Signature of FCCLA Chapter Adviser

Date

Don't forget to include these attachments:

- Two (2) recommendations
- Official high school transcript with ACT/SAT scores
- Chapter affiliation verifying national dues paid by 3/1/2010