

F.C.C.L.A.

FAMILY COMMUNITY CAREER LEADERS OF AMERICA SCHOLARSHIP

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

COLLEGE/UNIVERSITY/TRADE SCHOOL ATTENDING:

QUALIFICATIONS: Graduating senior from GHS planning on pursuing a career in any type of higher education institution. Preference will be given to current FCCLA members.

Please attach a copy of your high school transcript and resume to this cover sheet.

Also, please attach a brief essay explaining in what ways you have been involved in FCCLA and what your favorite project FCCLA participated in was and why.

Additional Questions:

1. Are you an active member of GHS FCCLA? YES NO
2. How many years have you been a local member? _____
3. How many hours have you dedicated to FCCLA? _____