

# EMMA LOU CISSELL MEMORIAL SCHOLARSHIP

## LAUREL COUNTY EXTENSION HOMEMAKERS

### SCHOLARSHIP APPLICATION

**Submission Deadline: April 14, 2022**

#### PERSONAL DATA

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER    XXX-XX-    SEX \_\_\_\_\_

TELEPHONE \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

#### EDUCATIONAL DATA

From what high school will you graduate? \_\_\_\_\_ On what date? \_\_\_\_\_

Academic Standing: Rank in Class \_\_\_\_\_ GPA \_\_\_\_\_ ACT Score \_\_\_\_\_

Honors Received, if any \_\_\_\_\_

List of Activities (school and/or community involvement):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### VOCATIONAL DATA

Names and address of college or university where you plan to earn a degree

\_\_\_\_\_

List your Family & Consumer Sciences, Agriculture, or related field major: \_\_\_\_\_

State briefly why you selected said college and program of study

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the contribution you plan to make to society as a result of achieving your goals in education and/or training:

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**FINANCIAL DATA**

Total Family Income (please check one)

- \_\_\_\_\_ Under \$25,000  
\_\_\_\_\_ \$25,001 - \$50,000  
\_\_\_\_\_ \$50,001 - \$75,000  
\_\_\_\_\_ Above \$75,000

List by name, age and relationship all dependents of your parents, excluding yourself:

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Number of siblings in college \_\_\_\_\_

List colleges they attend

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**RECOMMENDATION DATA**

Ask three individuals to complete a recommendation form on your behalf. The forms to be used are attached to this application. List the names, addresses and phone numbers of those persons below:

Name/Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name/Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name/Address \_\_\_\_\_ Phone \_\_\_\_\_

**ESSAY QUESTION: "Why is this scholarship important to me?"**

Respond to this essay question with 750 words or less. Attach your response to this application. If pertinent, please explain any unusual family circumstances which have a bearing on family financial support for you and college. (Use a separate sheet of paper if necessary.)

**FOR APPLICANT:**

I hereby certify that the information herewith is true and correct and I fully understand the conditions set forth by the Laurel County Extension Homemakers in regard to the Emma Lou Cissell Memorial Homemaker Scholarship.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

**FOR PARENT OR GUARDIAN**

I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that \_\_\_\_\_ is applying for this scholarship given by the Laurel County Extension Homemakers.

DATE \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

**FOR GUIDANCE COUNSELOR**

Academic Information

Number in graduating class \_\_\_\_\_ Applicant's Rank \_\_\_\_\_

Applicant's high school grade point average \_\_\_\_\_

Pertinent test scores (such as ACT or SAT) \_\_\_\_\_

Other Scholarships Applied For: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF COUSELOR \_\_\_\_\_

**All applications and supporting information must be emailed to [Tina.Hefner@uky.edu](mailto:Tina.Hefner@uky.edu) or received in the Laurel County Extension Office, 200 County Extension Road, London, Kentucky 40741, no later than Friday, April 14, 2023. (no exceptions).**