



INDIVIDUAL SCHOLARSHIP

Signature Page

INSTRUCTIONS

This form must be completed by the scholarship applicant and uploaded with the Online Scholarship Application Form.

Applicant's Name _____

Chapter Name _____ Region Number _____

School Name _____

CERTIFICATION

*I understand that I will receive a portion of my scholarship upon proof of enrollment as a major or training in a Family and Consumer Sciences related field **at a university, community college or specialized private/training education program**. I also understand that I will receive the remaining balance of my scholarship after I have completed my first year **and** upon proof of continued enrollment in a Family and Consumer Sciences related field at a university, community college or specialized private/training education program.*

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of FCS Teacher _____ Date _____

Signature of School Principal _____ Date _____

This application must be submitted no later than March 1 to:

**FAMILY AND CONSUMER SCIENCES
EDUCATION PROGRAMS CONSULTANT**

ATTN: MELISSA WEBB

1430 "N" Street, Suite 4202

Sacramento, CA 95814

Phone (916) 319-0773 | Fax (916) 319-0166

mwebb@cde.ca.gov