

**NEW GUIDELINES FOR 2018  
2 PIKE HCE \$250 SCHOLARSHIPS  
AND  
4 ILLINOIS STATE HCE \$500  
SCHOLARSHIPS**

**\*\*\*\*HCE-Home and Community Educ.**

*One application will be used for both PIKE and Illinois HCE scholarships if you have the following qualifications:*

- 1. For PIKE HCE Scholarships you can be a relative of a current 3 year HCE member (your mom, grandma, ~~sister, aunt, etc.~~) OR be a 4 year member of 4-H.*
- 2. For STATE HCE scholarships you must be a relative of a current 3 - year HCE Member (your mom, grandma, sister, aunt)*
- 3. Applicant must be accepted or enrolled as a full time undergraduate student in a college or technical school.*
- 4. Parent or guardian must be a PIKE County resident for Pike HCE Scholarship.*
- 5. Pike scholarship winners are awarded only once, but non winners are eligible to reenter in their undergraduate college years with a new application.*
- 6. Enclose a PHOTO for publicity.*
- 7. Enclose transcript, please. Student must be in good standing with at least a "C" average.*
- 8. Enclose two i.d. cover sheets—one for Pike and one for IAHCe scholarships.*
- 9. Enclose 2 letters of recommendation (non-relative)*

***Turn in your scholarship application at the HCE office, 1301 East Washington ST., Pittsfield, IL 62363 By March 30, 2018. Your 4-H membership or HCE relative's status will be verified.***

*Pike County HCE will forward your application to the IAHCe Board Secretary if you meet the eligibility requirement by May 1.*

*Pike County HCE will forward your application to the IAHCCE Board Secretary by May 1, if you meet the eligibility requirement of having a current 3-member of HCE.*

***SELECTION: PIKE COUNTY SCHOLARSHIP***

- 1. Selection of the scholarship recipient will be made by a committee of two Pike County HCE Board members and one U of I Extension, Pike County Office employee.*
- 2. The selection committee will meet between April 1 and April 15.*
- 3. All applicants will be notified of the decision of the committee.*
- 4. A \$250 check will be made payable to the student and college at the April HCE Annual meeting.*
- 5. If the student cannot attend college, the scholarship award is to be returned.*

)

*SEE APPLICATION FOR IAHCCE SCHOLARSHIP which will be used for BOTH PIKE AND ILLINOIS SCHOLARSHIPS if you meet the guidelines for both scholarships.*

# PIKE COUNTY HCE SCHOLARSHIP ID PAGE

Applicant Number \_\_\_\_\_

**This information is used to identify the recipient of the HCE Scholarship after judging has been completed. In order to maintain fairness, the judges will know you by an applicant number rather than your name.**

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PARENT/GUARDIANS NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

4-H CLUB'S NAME \_\_\_\_\_

4-H CLUB'S LEADER \_\_\_\_\_

LEADER'S PHONE \_\_\_\_\_ NO. OF YEARS IN 4-H \_\_\_\_\_

NAME OF 3-YEAR RELATIVE PRESENTLY ENROLLED IN HCE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

HIGH SCHOOL/COLLEGE ATTENDING PRESENTLY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**ATTACH: PHOTO, TRANSCRIPT, 2 NON FAMILY LETTERS OF RECOMMENDATION**

**IAHCE EDUCATIONAL SCHOLARSHIP GUIDELINES**

1. The applicant must be a member in good standing or an immediate family member, child or grandchild of such member of a county HCE/HEA for a minimum of three years. Recipient of an IAHCE Scholarship must be a current resident of Illinois regardless of whether they attend a school in Illinois.
2. The applicant must attend a vocational institution or institution of higher learning working toward a vocational certification, undergraduate degree or graduate degree.
3. The Applicant must submit a new application each year. Eligibility is limited to four years.
4. For each of the full (\$500) scholarships, the student must be considered a full time student by the college the student is/will be attending. Auditing of classes cannot be included in minimum hours.
5. The Scholarship Committee reserves the right to make judgment in cases not covered by the guidelines.
6. Students must maintain a 2.0 point © average. Transcript required for most current school year..
7. Payment of all scholarships is made in two installments. The first half of payment will be made by July 1. The second half will be made no earlier than January 1 – upon receipt of the student’s fall grades transcript by the scholarship committee chairman. Her/his name and address will be on the letter of acceptance that carries the July check.
8. Scholarship applications must be postmarked by May 1.
9. All applications will receive a letter by July 1 indicating whether or not they are recipients of the scholarship.
10. A photo must be attached to the cover page of the application. These photos will be used by IAHCE for publicity purpose (Newsletter/Annual Conference). If an applicant is not accepted for a scholarship, the photo will be returned.
11. If for any reason, the applicant is unable to enroll, the awarded scholarship is to be returned in full to the IAHCE Treasurer.
12. No current IAHCE Board Member will be eligible for a scholarship.
13. The IAHCE Board Secretary will receive the application – keeping the cover page until the scholarship winners have been chosen, so that the committee will not know the identity of the applicants until after selections are made.

**APPLICATION FOR IAHCE SCHOLARSHIP**

Please type or print. The completed application must be postmarked by May 1 and sent to the IAHCE Secretary whose name is listed on page 1 of the Guidebook or on the [www.iahce.org](http://www.iahce.org) website.

Date of Application: \_\_\_\_\_ County \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

**IAHCE Membership Verification:**

IAHCE Member Name \_\_\_\_\_ Number of Years \_\_\_\_\_

\_\_\_\_ Self \_\_\_\_ Parent \_\_\_\_ Grandparent

\_\_\_\_ Current Member 3 + Years in Good Standing

**County Verification by Current County Officer:**

Name \_\_\_\_\_ Office \_\_\_\_\_

**State Board Verification:**

State Secretary \_\_\_\_\_

Please attach a recent photo to this page.

**APPLICATION FOR IAHCE EDUCATIONAL SCHOLARSHIP**

(Additional sheets may be used)

How many years have you or your family member been a member of IAHCE?: \_\_\_\_\_

List names of High School (s) or college (s) attended and number of years each: \_\_\_\_\_

\_\_\_\_\_  
Name & Address of college you plan to attend: \_\_\_\_\_

\_\_\_\_\_  
Name of course of study or major you plan to take: \_\_\_\_\_

What license, certificate or degree is granted on completion?: \_\_\_\_\_

What are your employment goals/plans?: \_\_\_\_\_

Will you be considered a full time student by the college you attend? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received this scholarship before? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how many times? \_\_\_\_\_

Please attach the most current grade transcript.

List other Honors and awards received: \_\_\_\_\_

\_\_\_\_\_  
List School Activities: \_\_\_\_\_

List Community/Church Activities: \_\_\_\_\_

\_\_\_\_\_  
List Your Work Experiences: \_\_\_\_\_

Attach two non-family letters of recommendation.

Attach a short essay (approximately 150 words) stating your educational goals and how this scholarship will help you attain these goals.

If IAHCE member, list all HEA/HCE offices held in Unit, county or state level: \_\_\_\_\_