MELINDA HOLCOMBE PROFESSIONAL DEVELOPMENT SCHOLARSHIP APPLICATION FORM

The application may be completed on this form or applicants may choose to complete the process on a separate sheet of paper. The application will be evaluated according to its professional appearance. This is worth an additional 10 points for a total of 100 points.

Submit completed applications to:
Kristin Vest
1412 Ave. H
Kearney, Ne 68847
(308)962-4127
kristin.vest@kearneypublic.org

Scholarship deadline: Must be postmarked by May 1, 2011.

Name of Applicant: _________________________________________________

Home Address: ____________________________________________________

Home Phone Number: _______________________________________________

Work Address: ____________________________________________________

Work Phone Number: _______________________________________________

1. (15) Explain the educational activity you are planning to attend or have attended during the present school year. Please be specific.

2. (25) How will this experience strengthen you Family and Consumer Sciences program and/or make you a better educator?

3. (20) Explain your involvement in FCSTN.

4. (10) Explain your involvement in other professional organizations.

5. (20) How will you share your experience with other FCSTN members?