



Washington County Extension Homemakers Scholarship Application

Scholarship Amount: \$250 Due Date: March 15, 2024 (instructions provided at the end)

Eligibility: any Washington County High School Senior who is pursuing a degree related to the University of Kentucky Cooperative Extension Service:

- agriculture, animal sciences, horticulture, and related studies
• youth development, leadership development, community development, and related studies
• family and consumer sciences, nutrition and dietetics, public health, aging, finance, family sciences, and related studies

Name of Applicant: (Last) (First) (Middle)

Mailing Address: (Street) (City) (State) (Zip) (County)

Parent/Guardian Phone Number: Student Phone Number:

Student's Date of Birth:

Parents'/Guardians' Full Names and Occupations:

Name: (if deceased, check here) Occupation:

Name: (if deceased, check here) Occupation:

Number of children in family/household: Number at home: In college:

What school do you plan to attend?

List any other scholarships you have applied for/received:

Continue on the next page





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

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Community Activities/Services: \_\_\_\_\_

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Special Honors: \_\_\_\_\_

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**Essay:** Briefly discuss the subject you plan to study, the career you plan to pursue, and how this scholarship will support you in meeting your goals. Your response must be between 250-500 words, typed, printed, and submitted with this application.

**Reference:** You must include one reference. Use the provided reference form and submit it with this application.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission Instructions:**

Submit this application form, your typed response to the essay prompt, and your completed reference form to the Washington County Extension Office by March 15, 2024.

**No exceptions will be made for late responses.**

You may contact Cabrina Buckman at the Extension Office with any questions or concerns.

Washington County Extension Office  
245 Corporate Drive  
Springfield, KY 40069  
Phone: (859) 336-7741  
Email: [cabrina.buckman@uky.edu](mailto:cabrina.buckman@uky.edu)





## Scholarship Reference Form

*Reference must be a school faculty member.*

**Applicant's Name:** \_\_\_\_\_

**Reference's Name:** \_\_\_\_\_

**Reference's Phone Number & Email Address:** \_\_\_\_\_

**Please indicate why you think this applicant should be selected to receive a scholarship.**

*Place this form in a sealed envelope and return it to the applicant to be submitted with the application. All replies will be held in strict confidence. Thank you for your time.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

