

**TAFCE CENTRAL REGION**  
**MILDRED F. CLARKE LEADERSHIP SCHOLARSHIP**  
**GUIDELINES**

**The TAFCE Central Region Council offers the Mildred F. Clarke Leadership Scholarship to each of the 31 counties in the Central Region.**

**The recipients will receive registration, meals and lodging at the annual Central Region Leadership Conference, held at Camp Clements.**

**The Scholarship recipients shall be chosen by their County Council, with advice from the Extension Family and Consumer Scientist.**

**Should any county not have a qualified applicant for a full time scholarship in any year, they may use their scholarship that year for two (2) one-day only scholarships. If a county has no qualified applicants for either scholarship, they will forfeit their scholarship for that year.**

**The applicant must complete the official form on the front of this sheet.**

**Forms must be complete, including all required signatures, and in the possession of the Region Treasurer by the deadline for Camp Registration.**

**Each applicant must meet ALL of the following requirements:**

- 1. Must be an active TAFCE Member.**
- 2. Must never have attended a Central District/Region Leadership Camp as a full-time participant if applying for full-time scholarship, or never attended a one-day Camp if applying for one-day scholarship.**
- 3. Applicant must be willing to return to their County and share whatever information obtained at Leadership Camp with other members in whatever way determined by their County Council.**

**MILDRED F. CLARKE LEADERSHIP SCHOLARSHIP  
APPLICATION FORM:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **County** \_\_\_\_\_

**Local FCE Club** \_\_\_\_\_

**Years of FCE Membership:** \_\_\_\_\_

**Leadership Positions Held:**

**Club:** \_\_\_\_\_

**County:** \_\_\_\_\_

**District/Region** \_\_\_\_\_

**State** \_\_\_\_\_

**Please state why you would like to receive this scholarship:** \_\_\_\_\_

**I am applying for:**            **Full time scholarship** \_\_\_\_\_

**One-day scholarship** \_\_\_\_\_

**I have completed this application to the best of my ability and do promise that all information herein is true. If I receive this scholarship I agree to abide by the requirements governing this scholarship (On reverse side of this sheet.)**

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

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

**THIS APPLICATION SHOULD BE FILLED OUT BY THE APPLICANT WITH YOUR REGISTRAION FOR CAMP. YOUR COUNTY WILL DETERMINE YOUR ELIGIBILITY FOR THE SCHOLARSHIP AND THEY WILL SUBMIT THIS FORM WITH YOUR REGISTRATION TO THE REGION.**

\_\_\_\_\_ **County does hereby recommend this applicant as the recipient of the Mildred F. Clarke Leadership Scholarship.**

**County Council President:** \_\_\_\_\_

**Return by April 1 to: Joan Wherley  
4215 Long Lane, Ste 200  
Franklin, TN 37064**