

**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 Retreat.

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

~~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 Retreat Registration.

A check for the total amount of retreat fees must be attached. This check will be held until the scholarship winner attends the retreat, at which time it will be returned to her/him uncashed. If in the event that the scholarship winner does not attend retreat, then the check will be cashed.

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 Retreat as a full-time participant if applying for full-time scholarship, ~~or never attended a one day retreat if applying for one day scholarship.~~
3. Applicant must be willing to return to their County and share whatever information obtained at Leadership retreat with other members in whatever way determined by their County Council.

Due with Registration Form

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: _____

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 AND SUBMITTED TO YOUR COUNTY TREASURER WITH YOUR CHECK AND REGISTRATION FOR RETREAT. YOUR COUNTY WILL DETERMINE YOUR ELIGIBILITY FOR THE SCHOLARSHIP AND THEY WILL SUBMIT THIS FORM WITH YOUR CHECK AND REGISTRATION TO THE REGION. YOUR CHECK WILL BE RETURNED WHEN YOU ATTEND RETREAT.

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

County Council President: _____