**Rose Marie Willis Leadership Scholarship Application**

**Purpose**: The Rose Marie Willis Leadership Scholarship was developed in 2006 to recognize an FCCLA member who has exhibited outstanding leadership characteristics. The recipient of this scholarship must meet all the eligibility criteria and will be selected through an application review and interview process.

**Description**: Rose Marie Willis dedicated her career to improving FACS programs and provide opportunities for students to develop leadership skills through FCCLA. Upon her retirement in 2006, with the financial support of AATFACS, a scholarship fund was established. Through fundraising efforts and donations, FCCLA chapters, supporters and friends, an annual scholarship will be awarded.

**Eligibility**:

1. High School Senior
2. Minimum of 2 consecutive years FCCLA membership including current year.
3. Minimum 2.5 GPA based on 7 semesters of high school coursework.
4. Legal U.S. Resident
5. Must attend FCCLA State meeting the year the scholarship is received.
6. Become a member of FCCLA Alumni and Associates by August 1 of the year the scholarship is received.

**Instructions**:

* Application Deadline: E-mailed to arfcclafoundation@gmail.com by March 7, 2025
* Type all information using Times New Roman 10pt. font.
* No abbreviations
* No alteration of forms. Applicants will be judged solely on the information on this form. Do not send additional materials or additional pages.
* Application should be neatly stapled in the upper left-hand corner with single staple. Applications will not be accepted in binders, folders, etc.
* Incomplete applications will not be accepted. All sections of the application must be completed included appropriate signatures.
* Include a copy of your chapter’s affiliation verifying National dues paid by November 1 of the current school year; indicate applicant’s name on membership roster.
* Include 3 recommendation letters, one from each of the following:
  + Local FCCLA Advisor
  + Another school official
  + One other person knowledgeable of applicant’s non-FCCLA activities.

**Payment**

1. Scholarship will be paid directly to the selected college or university financial aid office. Official documentation verifying enrollment must be submitted before payment is disbursed.
2. Recipient must submit to the Arkansas FCCLA Foundation proof of membership in FCCLA Alumni and Associates prior to disbursement of funds.
3. The recipient shall be responsible for providing the Arkansas FCCLA Foundation with official documents and all information needed for payment.

**APPLICANT INFORMATION**

Name:       School Year:

Home Address:

City/State/Zip:

Home Phone:       E-Mail:

Guardian’s Name:

Address:

City/State/Zip:

\*Chapter Name:

School Name:

School Address:

City/State/Zip:

School Phone:       School Fax:

Adviser Name:

Adviser E-Mail:

**INVOLVEMENT IN FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA**

**For each activity listed, check the grade year in which you were involved. Check all that apply.**

**Activity 7th 8th 9th 10th 11th 12th**

Enrolled in a FACS course

\*Member of FCCLA

Attended Regional Meeting

Participated in STAR Events

Attended State Conference

Attended Fall Leadership Institute

Attended National Leadership Conference

**\*If you have been a member of more than one FCCLA chapter, please list**

Chapter/School Name Advisor Name

**List all FACS courses that you have completed.**

**Course Name Course Name**

**LEADERSHIP EXPERIENCES**

**List FCCLA elected offices you have held at the local, regional, state and national levels.**

**Year Level/Office Responsibility Assumed**

**List participation in FCCLA committees at the local, regional, state and national levels.**

**Year Level/Committee Your Involvement**

**List FCCLA National Programs in which you have been involved.**

**Year Program Your Involvement**

**List any local, regional, state, and national FCCLA projects in which you have participated that are exemplary of the goals and ideas of the organization.**

**Year Project Your Involvement**

**List accomplishments promoting FCCLA highlighting membership promotion, program implementation, and public relations efforts.**

**Year Accomplishment Your Involvement**

**VOLUNTEER ACTIVITIES**

**List any community service activities in which you have participated.**

**Year Activity Your Involvement**

**List other groups and organizations in which you have participated and describe your involvement.**

**Year Group Your Involvement**

**ACADEMIC PERFORMANCE**

**Grade Point Average** **(Must reflect 7 semesters of High School Coursework)**

**List significant awards received that indicate the quality of your academic performance. Please limit to grades 7-12.**

**Year Name of Award Reason Received**

**REQUIRED ATTACHMENTS**

**Submit a 300-500 word essay which describes the impact FCCLA has had on the development of your leadership skills and your potential leadership opportunities. Essays must be typed in Times New Roman 10pt font, single spaced, with one inch margins.**

**Attach three letters of recommendation as outlined in the instructions. Each letter must not exceed one typed page.**

**COLLEGE/UNIVERSITY INFORMATION**

**Indicate the college or university you are planning to attend. If applications are still pending, indicate schools to which you have applied.**

**College/University City/State**

**Intended Major/Minor**

**SIGNATURES**

**I realize that the scholarship funds will not be released until all eligibility requirements are met including graduation from high school, enrollment in college, and submission of all required paperwork to the State Advisor. These requirements must be met by the fall semester following the award of the scholarship. My signature below certifies that all information in this application is truthful, complete and accurate.**

**Student Signature Date**

**We have reviewed this application and believe the information provided is accurate.**

**Parent Signature Date**

**Adviser Signature Date**