MARIE B. BOWEN MEMORIAL SCHOLARSHIP

OFFERED BY:

DELAWARE COUNTY EXTENSION HOMEMAKERS CLUBS

Devoted to Home Economics, Marie B. Bowen was our Home Extension Agent from 1942 until her retirement in June 1966. During these 24 years, Delaware County's Home Demonstration clubs grew from 35 clubs with 900 members to 86 clubs and 1800 members. Marie was responsible for the girls' 4-H projects until 1955. She previously was a Home Economics teacher in Wayne and Randolph counties and served four years as Home Extension Agent in Wayne County.

INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Applicant must be a senior in high school or older, and a resident of Delaware County.
2. Please type or print application.
3. Attach the following to completed application:
   a. Three (3) character reference letters.
   b. School transcript
   c. A one page summary, including educational background, your participation in school and/or community activities, financial needs, work experience if applicable, and any other pertinent information.
4. Answer all questions completely. Failure to furnish information requested may disqualify applicant.
5. Send or deliver completed application with attachments to:
   Purdue Extension - Delaware County
   100 W. Main St.
   Room 202, County Building
   Muncie IN 47305
   Phone: 765/747-7732

6. APPLICATION DEADLINE IS: March 15

The scholarship will be awarded at the annual Achievement Day Luncheon (You will be notified of date and time.)

The winner(s) attendance, as our guest, at this program is encouraged.

Revised January 8, 2018
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PERSONAL DATA

Applicant Name ______________________________________________________________________________

Phone Number _______________________________________________________________________________

Present Address _______________________________________________________________________________

City________________________ County ___________________State___________ ZIP_____________________

Marital Status ___________________ Number of Dependents _______________ Ages_____________________

Date of Birth ________________________ Names of Parents________________________________________

Funds from other grants or scholarships __________________________________________________________

The next four (4) lines are to be completed by a married applicant only!

Current Employer ________________________ Position _____________________________________________

Salary/Wages______________________________

Spouse’s Current Employer__________________ Position _________________________________________

Salary/Wages______________________________

EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED

School Name ________________________________________ Student ID Number_______________________

Address ________________________________________ Phone _________________________

Admitted _____________________ Pending ____________________________

Course of study ___________________________ Degree___________________________________________

Date term begins _________________________ Expected date of completion ________________________

Tuition/Fees per semester __________________________ Books/supplies ____________________________

Tuition due date __________________________

Have you received this scholarship previously? ________________________________ Year ________________
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REQUIRED REFERENCES

Three (3) letters of character reference are required. This may include former teachers, school officials, employers, or other persons not related to you. List the names of persons whom you have asked to write these letters. Return these letters with your application.

1. Name_____________________________Title_________________________Phone__________________
   Address___________________________City_________________State______ ZIP________________

2. Name_____________________________Title_________________________Phone__________________
   Address___________________________City_________________State______ ZIP________________

3. Name_____________________________Title_________________________Phone__________________
   Address___________________________City_________________State______ ZIP________________

ENCLOSE LETTERS WITH APPLICATION
RETURN NO LATER THAN MARCH 15

I have answered all questions truthfully and to the best of my ability. I understand this scholarship is for $500 and for a period of study not to exceed 12 months and that monies will be paid directly to the school named after verification of enrollment. I understand upon reapplication the second year, it may or may not be renewed.

If this scholarship is awarded to me and I am not accepted by the school named, or if I do not attend school for the semesters specified, or if I cannot accept the scholarship for any other reason, I will notify the Delaware County Extension Office and the granting of this award will be open for reconsideration by the Scholarship Committee.

Signature__________________________________________ Date__________________________