



# FACAA Scholarship Application Form

## Individual or Group

(Please type or print answers to #1, 2, 3 on additional pages)

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone: Home ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: Office ( ) \_\_\_\_\_

Present Position \_\_\_\_\_ Years \_\_\_\_\_ FACAA Member as of December 31<sup>st</sup> Yes  No

Amount requested from FACAA Foundation \$ \_\_\_\_\_ Approximate Starting date of Activity \_\_\_\_\_

Has applicant (all group members) contributed \$100 to FACAA Scholarship Fund before December 31 of this past year? Yes  No

### **Applications Must Include the Following**

1. Describe your plan for this training or activity (sponsoring institution, location, courses dates and tour itinerary).
2. Describe in detail the training/activity justifications and application of knowledge gained for/from this activity, and detailed itinerary. Be sure to emphasize the outcome of this training/activity, how you will use the information in programming.
3. Finances: Using a detailed budget describe how the funds will be spent (i.e. tuition, fees, books, supplies, travel, lodging, meals, etc.).
  - a. Estimated cost of training \$ \_\_\_\_\_ (attach details)
  - b. Amount received from other sources such as full or part salary, assistantship, expense account, other scholarships, etc. \$ \_\_\_\_\_

### **Criteria for Awarding Scholarships**

1. Each participant must have contributed at least \$100 to the FACAA Scholarship Fund by December 31 of this past year. (*If one person within the group has not contributed \$100 it disqualifies the entire group*).
2. Study or training must start within 12 months and cannot be initiated before application is approved by the Scholarship Selection Committee and the Educational Foundation.
3. Applications will be judged and funded based on completeness, plan for training, how it will be used/applied post training, and availability of funds. Emphasize your role/involvement in the proposed activity. Your attempts to secure additional funding from other sources will help your application. Please list the amount received from other sources such as: assistantship(s), other scholarships, self-funded, contributions from commodity group(s), SHARE, DED, etc.
4. Award is for individual or group professional improvement which may include advanced degrees, graduate credits, tours, seminars, research or other specialized training.
5. Maximum individual (or per individual within a group) scholarship is \$1000 per year. Maximum \$10,000 for an individual in their Florida Extension career.
6. Scholarship funds will be paid on a reimbursement basis, copies of all receipts must be provided to the Director of Finance for the UF/IFAS Extension Administration office. Currently Keith Gouin keithg@ufl.edu
7. Upon completion of the intended professional improvement activity for which scholarship funds have been awarded, the scholarship recipient must provide a brief written report to the FACAA Educational Foundation Chair (within 30 days of completion of training) that shows the main professional development value the agent received from their scholarship-funded travel. The penalty for misuse of FACAA Scholarship Funds is repayment of the funds to FACAA and prohibition from future FACAA Scholarships.
8. Recipients will be selected by the FACAA Scholarship Selection Committee.
9. Selection for Scholarships shall be made on an objective and nondiscriminatory basis, regardless of race, creed, color, gender, or religion of the applicant.

**Send one (1) electronic copy of the application form and attachments to the FACAA Educational Foundation Committee Chair by April 1st.** Award recipients will be announced via the FACAA Email Distribution List.

**GROUP APPLICATIONS** – All group members must meet criteria, including address, home and office phone, contribution of \$100 to the FACAA Scholarship Fund by December 31 of this past year. List this on a separate sheet of paper and attach to the scholarship application.

My signature verifies that (I am) (we are) paid members of the Florida Association of County Agricultural Agents, have read the criteria and any other rules governing scholarship selection, and certifies that this entry meets all the requirements. I further certify that (I am) (we are) not related to any member of the Scholarship Selection Committee, the FACAA officers or Board of directors, FACAA Educational Foundation, and that no member of above committee, Officers, Directors, should derive a private benefit, either directly or indirectly. For electronic submission, type name on appropriate line and place an X in box on that line.

Signature of applicant (or group leader) \_\_\_\_\_ Date \_\_\_\_\_