



Application  
Kathy Lundgren Scholarship

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

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

Years in Extension: \_\_\_\_\_

Category for which you are applying: \_\_\_\_\_

- I Attend short-term subject matter course or workshop, etc. Attach a registration form or brochure indicating fees. Require one copy only.
- II Development of audiovisual or training material.
- III Development of special educational activities.
- IV Attend NEAFCS annual meeting (first timer).

Expected completion date: \_\_\_\_\_

Amount requested (maximum \$300 per year): \_\_\_\_\_

Submit three copies of application to the Professional Improvement Chair by March 1 or September 1.

Category: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

1. Objective(s) of activity being submitted or description of the project to be considered.

1b. Personal objectives for applying for this award.

2. How do you propose to carry out this study or project?

3. How will this enrich your professionalism or help your clientele?

How will you share with other Family & Consumer Sciences faculty in the state?