

Hester Sickles Memorial Scholarship for Youth Criteria Two Scholarships Awarded Yearly

1. Hester Sickles Memorial Scholarship for Youth is a one-time award of \$1500.00 payable as follows: \$1500.00 to the college upon presentation to scholarship committee of an accepted enrollment form to college and notice of payment due.
2. Applicants must be a Cleveland County resident or attend a Cleveland County school and be a current year high school graduate.
3. Post high school institutions can be technical institutes, vocational-technical institutes, trade schools, junior colleges, or universities in the State of Oklahoma.
4. Applicants must provide a copy of a high school transcript and two letters of reference (from a counselor, pastor, teacher, or employer).
5. Applicants must attach written information concerning activities, career goals, and need.
6. Financial need is a consideration in awarding the scholarship.
7. Area of study in post high school institution is not a consideration.
8. Recipient must agree to refund the scholarship if he/she withdraws during the fall academic term or does not attend the fall term.
9. Final applicants must participate in a personal interview with the committee.
10. Scholarship recipients will be notified by the committee and receive recognition at the County Council meeting falling on the fourth Monday in July.
11. Scholarship recipient shall submit a brief written report to the HCE Council by October 1.

I have read the terms of the criteria established by the Cleveland County HCE Council Scholarship Committee. I have enclosed a copy of my high school transcript and two reference letters. I will participate in a personal interview if I am one of the finalists. I agree to refund the scholarship if I withdraw from my post high school institution before the end of the academic year.

Applicant's Signature

Date

SUBMIT BY: May 1
Oklahoma Cooperative Extension Service
601 E. Robinson
Norman, OK 73071-6616
405-321-4774

Scholarship for Youth Application
Cleveland County Home & Community Education

Date_____

Name_____

Address_____ City/Zip_____

Phone_____ Alt Phone_____

From what high school will you graduate?

School you plan to attend?

List amount of any scholarships received.

Attach a sheet to include the following information:

1. Activities
2. Career Goals
3. Need for Scholarship

Parent(s) occupation:

Family annual income:

Number in family:

Name and address of parents/legal guardians:

