

Georgia Association of Family and Consumer Sciences
AAFCS Annual Meeting
First Timer Scholarship
Member and Pre-Professional/ Graduate Student

Name _____ Date _____

Mailing Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

AAFCS Member Number _____

Number of Years as a Member of AAFCS/GAFCS _____

Request for Annual Meeting Located in What City _____

Briefly explain why you would like to attend the AAFCS Annual Meeting.

Signature of Applicant

Below is for GAFCS VP for Awards and/or Treasurer

Approved by _____
Signature of VP for Awards and Recognition

Date: _____

Monetary Award \$ _____

GAFCS Check # _____

All applications must be completed and submitted on or prior to deadline for acceptance.