

**To:** Scholarship Applicants  
 Consumer Science Departments and Guidance Departments  
 Wake County High Schools Guidance Department  
 Wake County Cooperative Extension Service - 4-H Agent  
 Other interested Wake County residents

**From:** Wake County Extension and Community Association

Date: December 2025

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The Wake County Extension and Community Association will present the \$1,000  
**Maude P. McInnes Extension & Community Educational Fund**  
 to a graduating high school senior.

The following criteria will be used to select the award winner.

- 1 The applicant must be a resident of Wake County.
- 2 The applicant must be continuing his or her education at a North Carolina college, university, community or technical school. The recipient must be a full-time student with a minimum of 12 units per semester. The applicant is required to provide the Wake County Extension and Community Association with a letter of acceptance from the school.
- 3 The applicant should have a grade point average of 2.5 or better.
- 4 Special consideration will be given to applicants seeking careers in family consumer science or related fields.
- 5 Special consideration will be given to an applicant who is currently enrolled or has been enrolled in a Family Consumer Science program, Future Homemakers of America, Family Consumer Science Related Occupation Association, 4-H member, or a relative of an Extension and Community Association member.
- 6 The applicant must complete the attached application and include the following:
  - ✓ A letter of acceptance,
  - ✓ An official transcript in a **sealed envelope** signed by the school registrar.
  - ✓ Three letters of reference are required (mailed separately or included in **sealed envelopes** with the application). *Acceptable references are: Teacher, Principal, Guidance Counselor, Extension Agent, Pastor, Community Leaders, etc. Letters from parents ARE NOT ACCEPTABLE.*
- 7 Incomplete applications or applications received after **March 25, 2026** will not be eligible. To be considered complete, applications must include a letter of acceptance, student transcript and all letters of reference.
- 8 A committee of non-partisan judges will determine the top three applicants and they will be notified by **April 4, 2026**. Interviews will be scheduled **the week of April 12, 2026**. If one of the top three students cannot

participate in the interview session, then the fourth-place student will be invited. The winner will be notified by **May 1, 2026**.

- 9 If the recipient declines the award or fails to enroll as a full-time student within one academic year, the money will not be awarded.
- 10 Financial need is not a prerequisite.
- 11 The completed **application, transcript, letter of acceptance and three letters of recommendation** should be submitted to:

Wake County Extension and Community  
Association McInnes Scholarship Committee,  
Attn: Keitra Johnson,  
4001 E Carya Drive - Suite E,  
Raleigh NC 27610.

If you have any questions, please contact Keitra Johnson at [keitra.johnson@wake.gov](mailto:keitra.johnson@wake.gov) or call 919-231-5536. Feel free to copy this packet as often as you like to provide this opportunity to as many worthy candidates as possible.

We look forward to promoting higher education.

**Applications must be received by March 25, 2026**





WAKE COUNTY EXTENSION and COMMUNITY ASSOCIATION  
MAUDE P. MCINNES EDUCATIONAL FUND  
SCHOLARSHIP APPLICATION



*(Please type if possible, otherwise print clearly using ink)*

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Full Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: \_\_\_\_\_ TXT: yes no Second Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

High School Name \_\_\_\_\_ School Phone \_\_\_\_\_

**Education Plans:** Please include intended major, college and career objective.

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**Activities:** Please list activities in school, community, or church, which have been meaningful to you.

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**Honors:** Scholastic, citizenship, artistic, sports, and any other special achievements.

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**Leadership:** Please list your offices or positions in school, community, or church.

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**Hobbies:** Please list what you like to do in your spare time.

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Do you have a relative that is a member of Extension and Community Association? \_\_\_\_\_

Club Name \_\_\_\_\_

Are you now or have you been a 4-H member? \_\_\_\_\_ Number of years: \_\_\_\_\_



WAKE COUNTY EXTENSION and COMMUNITY ASSOCIATION  
MAUDE P. MCINNES EDUCATIONAL FUND  
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*(Please type if possible, otherwise print clearly using ink)*

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**Employment History: Start with current employment and work backward. Include any volunteer and internship work.**

**Dates From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Hours per week:** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Dates From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Hours per week:** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Dates From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Hours per week:** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Character References: List three and provide envelopes to them in which they may submit letters of recommendation.**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zipcode** \_\_\_\_\_

**Relationship to this person** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zipcode** \_\_\_\_\_

**Relationship to this person** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zipcode** \_\_\_\_\_

**Relationship to this person** \_\_\_\_\_

**Attach your transcript, completed scholarship application, a letter of acceptance and three letters of references. **Deadline: March 25, 2026.** Please include a photograph, if available, for publication purposes.**

*[Note: official transcripts and letters can be submitted separately by the school and by character references. Make certain the envelope with these items are identified with your name]*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**WAKE COUNTY EXTENSION and COMMUNITY ASSOCIATION  
MAUDE P. McINNES EDUCATIONAL FUND  
SCHOLARSHIP APPLICATION**

*(Please type if possible, otherwise print clearly using ink)*



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Please write a personal letter (*hand written or typed*) on this page giving any information which you deem of value and which might assist you in securing the Maude P. McInnes Scholarship.