



## **Minnesota Association of Family and Consumer Sciences (MAFCS) Helping Undergraduate and Graduate Students (HUGS) Policy**

### **HUGS Recipients will receive the following as a participant in a professional event:**

- Networking
- Partial monetary assistance (as available) for attending state, regional, and national family and consumer sciences conferences to be reimbursed after the event.
- Scholarship, leadership, and community service involvement opportunities.
- Mentoring from experienced professionals and/or sponsorship.
- Connections to job opening information.
- Resources, knowledge, and professional development.
- Resume building experience.

### **HUGS recipients must meet the following requirements:**

- Full time undergraduate or graduate student enrolled, in good standing, in a Family and Consumer Sciences related program of study.
- Pre Professional/Graduate Student (P/GS) member status of the American and Minnesota Associations of Family and Consumer Sciences in good standing (current paid membership).
- Participate actively in the funded event by attending all scheduled sessions, networking with other attendees.
- Write a brief article for the MAFCS newsletter after the event and submit to:  
Lois Lewis and Cherry Cramer at [lewislois12@gmail.com](mailto:lewislois12@gmail.com) and [cramercherry@gmail.com](mailto:cramercherry@gmail.com)  
within **2 weeks of the event**.
- Complete the conference evaluation.
- Write a note of thanks to the MAFCS Officers and give it to Cherry Cramer at conference to receive awarded funds.

### **HUGS money will be awarded based on the following variables:**

- Length of attendance at the conference/event  
*HUGS applicants who attend **all** days/sessions of a conference/event will be given priority.*
- Other financial contributions from outside sources (*i.e. professional development funds from place of employment, grants, etc.*)  
*HUGS applicants who have **not** received contributions from outside sources will be given priority.*
- Funds available  
*All HUGS awards are subject to the amount of total funds available for distribution*



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Date of Application: \_\_\_\_\_

**APPLICATION DEADLINE IS DECEMBER 1, 2023**

**PERSONAL INFORMATION:**

Student Name: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Email: \_\_\_\_\_

**UNIVERSITY/COLLEGE/POST-SECONDARY INSTITUTION INFORMATION**

School: \_\_\_\_\_ Undergraduate Program \_\_\_\_\_ Graduate Program  
Advisor Name: \_\_\_\_\_ Advisor Phone: \_\_\_\_\_  
Advisor Email: \_\_\_\_\_

**AAFCS PRE PROFESSIONAL MEMBERSHIP INFORMATION**

AAFCS Membership Number: \_\_\_\_\_ Date of Membership Renewal: \_\_\_\_\_  
\_\_\_\_ I am applying for HUGS funds for the 2024 MAFCS State Conference February 29-March 2, 2024.  
\_\_\_\_ I plan to attend the 2024 MAFCS State Conference February 29-March 2, 2024.  
\_\_\_\_ I will be staying at the hotel for the MAFCS State Conference February 29-March 2, 2024.

Write a statement regarding how you plan to benefit from attending this event:

Are you receiving any other financial assistance to attend this event? \_\_\_\_ Yes \_\_\_\_ No

If YES, please explain what is covered by other institutions (registrations, hotel, etc).

I, \_\_\_\_\_, have read the HUGS Policy. I understand funds will vary from event to event and that while no monetary assistance is absolutely guaranteed, MAFCS professionals will make every effort to raise the funds necessary to support this valuable program. If chosen as a HUGS recipient, I will complete the requirements of a HUGS recipient as listed in the HUGS Policy and will attend the conference as indicated while enjoying the many benefits.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form by deadline: **December 1, 2023** to: **Amanda Kinnander % MAFCS Awards & Scholarships**  
**Bemidji Middle School ISD #31 502 Minnesota Ave NW**  
**Bemidji, MN 56601**

OR Send Electronically to: [amanda\\_kinnander@isd31.net](mailto:amanda_kinnander@isd31.net)

Date Received: \_\_\_\_\_ Payment sent: \_\_\_\_\_