CASEY COUNTY APPLE FESTIVAL COMMITTEE SCHOLARSHIP APPLICATION

CASEY COUNTY APPLE FESTIVAL & FAIR, INC. P.O. BOX 57 LIBERTY, KY 423539

NAME: _____ AGE: _____
LAST FIRST MIDDLE

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FATHER'S NAME: _____ OCCUPATION: _____

MOTHER'S NAME: _____ OCCUPATION: _____

CURRENT EDUCATIONAL INSTITUTION: _____ CURRENT GPA: _____
(Must be a 2.5 or higher OR be a verified Pell Grant recipient)

EDUCATIONAL / CAREERGOAL: _____

COLLEGE YOU ATTEND / PLAN ON ATTENDING: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NUMBER OF CCAF JR. COMMITTEE HOURS EARNED: _____

LIST THE CCAF COMMITTEE TASKS & OTHER COMMUNITY SERVICE ACTIVITIES YOU HAVE ASSISTED WITH:

_____
_____
_____
_____
_____

I UNDERSTAND THAT I MUST HAVE BEEN FORMALLY APPROVED FOR ADMISSION TO THE COLLEGE OF MY CHOICE AND I CAN PROVIDE VERIFICAITON OF ADMISSION IF REQUESTED BY THE BOARD OF DIRECTORS OF THE CASEY COUNTY APPLE FESTIVAL. I UNDERSTAND THAT THIS ONE (1) TIME SCHOLARSHIP PAYMENT WILL BE APPLIED TO THE UPCOMING SCHOLASTIC YEAR. A CHECK WILL BE MADE PAYABLE TO THE COLLEGE OF ADMISSION ONLY. THE RECIPIENT WILL BE CHOSEN BY THE CASEY COUNTY APPLE FESTIVAL'S BOARD OF DIRECTORS WITH ITS DECISION BEING BASED ON THE COMPLETED APPLICATION, THE ATTACHED ESSAY, THE VERIFICATION OF COMMITTEE HOURS WORKED AND OTHER COMMUNITY SERVICE ACTIVITIES.

ALL DECIIONS MADE BY THE BOARD ARE FINAL.

ATTACH: ONE (1) PAGE ESSAY ON THE IMPORTANCE OF COMMUNITY INVOLVEMENT AND HOW HIGHER EDUCATION WILL ASSIST YOU IN GIVNG BACK TO YOUR COMMUNITY.

APPLICATION & ESSAYS MUST BE SUBMITTEED BY MARCH 31, 2025.

SIGNATURE OF APPLICANT: _____ DATE: _____