



Limestone County Fair Association



Application for Scholarship

- The applicant must meet the following criteria:
 - 1) Graduating Senior from any high school in Limestone County
 - 2) Active member of 4-H or FFA
 - 3) Must have been an exhibitor at least 2 of the past 3 years in the Limestone County Fair

- Scholarship will be used for the purpose of study at any college, university, business or vocational school approved by its state accrediting agency.

- Scholarship is to be used for tuition, books and fees which are normally assessed by the school.

- This completed form must be emailed to limetonecountyfair@gmail.com by March 11, 2022.

**LIMESTONE COUNTY FAIR ASSOCIATION
SCHOLARSHIP APPLICATION**

NAME: _____ BIRTHDATE: _____
 Last First Middle

ADDRESS: _____ PHONE #: _____
 Street City/State Zip

SEX: _____ RACE: _____

FATHER/GUARDIAN

MOTHER/GUARDIAN

NAME: _____ NAME: _____

OCCUPATION: _____ OCCUPATION: _____

EMPLOYMENT: _____ EMPLOYMENT: _____

WITH WHOM DO YOU LIVE? _____

BROTHERS / SISTERS _____ ATTENDS COLLEGE? _____

WHERE: _____

SENIOR COURSES IN PROGRESS:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GPA _____ As of _____

CLASS RANK _____ As of _____

NUMBER IN GRADUATING CLASS _____

SAT SCORES: VERBAL _____ MATH _____

ACT SCORES: ENG. _____ READ _____

MATH _____ SCIENCE _____ COMP _____

FOREIGN LANGUAGES AND # OF YEARS:

_____	_____
_____	_____
_____	_____

LEISURE ACTIVITIES / INTERESTS OUTSIDE OF SCHOOL:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COLLEGES YOU ARE CONSIDERING:

_____	_____
_____	_____
_____	_____

POSSIBLE COLLEGE MAJORS:

_____	_____
_____	_____

EXTRA-CURRICULAR ACTIVITIES (list grade level, awards or honors received, leadership positions):

SPORTS (list grade level, awards or honors received, leadership positions):

HOBBIES / INTERESTS:

TRAVELS:

VOLUNTEER / CHURCH SERVICE:

WORK EXPERIENCE:

PLACE OF EMPLOYMENT	TYPE OF WORK	HOURS

ARE YOU A MEMBER OF 4-H _____ FFA _____

DATES OF MEMBERSHIP (MONTH/YEAR) _____

NAME OF CLUB OR CHAPTER _____

SIGNATURE OF YOUR CEA OR AST (REQUIRED) _____

