

* 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.
- > Scholarship must be used within 3 Semesters from high school graduation
- The applicant may not receive both the Limestone County Fair Association Scholarship and the Limestone County Fair Association Tools For Trade Grant
- > This completed form must be emailed to limestonecountyfair@gmail.com by March 7, 2025.

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LIMESTONE COUNTY FAIR ASSOCIATION SCHOLARSHIP APPLICATION

NAME:		BIRTHDATE:
Last	First	Middle
ADDRESS: Street		PHONE #:
Street	City/State	Zip
FATHER/GUARDIAN		MOTHER/GUARDIAN
NAME:		NAME:
OCCUPATION:		OCCUPATION:
EMPLOYMENT:		EMPLOYMENT:
WITH WHOM DO YOU LI	VE?	
BROTHERS / SISTERS		ATTENDS COLLEGE?
	W	HERE:
SENIOR COURSES IN PRO		
SERVICE COCKSES IVINC	oraliss.	
		·
GPA	_ As of	
CLASS RANK	_ As of	
NUMBER IN GRADUATIN	IG CLASS	
SAT SCORES: VERBAL	MATH _	
ACT SCORES: ENG.	READ	
MATH SCIEN	NCE COMP	

FOREIGN LANGUAGES AND # OF YEARS:	
	
LEISURE ACTIVITIES / INTERESTS OUTSIDE OF SCHOOL:	
<u> </u>	
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:	

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VOLUMETER / CHAIR CH CERTA	OT.	
OLUNTEER / CHURCH SERVI	CE:	
VORK EXPERIENCE:		
	TWINE OF WORK	нопр
PLACE OF EMPLOYMENT	TYPE OF WORK	HOUR
_		
WRITE A BRIEF PARAGRAPH	. USING AN ADDITIONAL SHEET OF PAPER IF NEC	ESSARY.
A. Describe vourself in terms of o	outstanding or notable personality traits and/or qualities.	
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B. What makes you unique from your friends / peers?				
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)				