



Walker County Fair Association Scholarship

Deadline for Application: April 15, 2011 RETURN TO SCHOOL COUNSELOR

Applications must be graduating seniors of Huntsville High School, New Waverly High School or other Walker County high school; must have a minimum overall grade point average of B (3.0 grade-point average on a 4.0 system or equivalent); must have been accepted for admission to an accredited college, vocational/technical school or other institution of higher learning; and must be members of FFA, FCCLA, or 4-H in Walker County and former exhibitors in activities sponsored by the Walker County Fair Association.

To be considered, applications must be typed, or printed neatly in black ink, and all requested information must be returned to the school counselor's office before the specified deadline. Failure to follow these guidelines will cause your application to be disqualified. Applicants may be called for personal interviews before the final selections are made.

Applicants must obtain and return with the completed application:

1. Current high-school transcript showing total enrollment in graduating class, rank, and grade point average.
2. SAT or ACT score.
3. Recent photograph.
4. Copy of letter of acceptance from an accredited college, vocational/technical school, or other institution of higher learning.
5. At least two recommendations from high school academic teachers (pages 6 and 7 of this application) sealed in envelopes marked "Confidential".
6. At least one letter of recommendation from an employer, former employer, or personal acquaintance sealed in an envelope marked "Confidential".
7. At least one letter of recommendation from a career and technology teacher and/or county extension agent (pages 8 and 9 of this application) sealed in an envelope marked "Confidential".

The Walker County Fair Association may obtain additional information from career and technology teachers, 4-H Club leaders, and other sources.

Family Information

Full Name of Applicant: _____ Social Security Number: _____

Home Address: _____

Home Telephone Number: _____ Date of Birth: _____

Parents' Names: _____

Parents' Addresses: _____

(Father)

(Mother)

Employment of Father: _____

(Company)

(Position)

Employment of Mother: _____

(Company)

(Position)

Number of older brothers and sisters: _____ List their ages: _____

Number of younger brothers and sisters: _____ List their ages: _____

Number of brothers and sisters attending colleges, etc., next year: _____

School and Activities Information

List FFA, FCCLA, 4-H, and Walker County Fair Association activities, with dates of participation. Attach an additional sheet if necessary.

List other high school organizations, extracurricular activities, honors or special recognitions, church and community activities, and dates of participation. Attach an additional sheet if necessary.

Anticipated graduation date: _____ From _____ High School

Anticipated enrollment date: _____ at _____
Name of School or College

Planned major course of study: _____

Projected number of years for completion: _____

Describe future plans and career goals:

WCFA SCHOLARSHIP APPLICATION

Financial Information

List other scholarships for which application has been made; show amounts and whether or not they have been granted:

List work experiences, showing dates, rates of pay, and description of duties:

Estimated cost of tuition and fees for first year of college \$_____

Complete the following estimated budget to indicate financial plans for the first year of attendance at a college, vocational school, or other institution of higher learning:

- 1. Cash and savings available at start of college \$_____
2. Assistance from family _____
3. Assistance from relatives or friends _____
4. From future summer earnings _____
5. From other scholarships _____
6. From other sources (specify) _____
TOTAL ESTIMATED INCOME FOR FIRST YEAR \$_____

We have examined this application and find it to be accurate and complete.

Date

Signature of Applicant

Date

Signature of Parent or Guardian

Date

Signature of Career & Technology Teacher or County Extension Agent

STATEMENT OF UNDERSTANDING AND RESPONSIBILITIES
(This copy to be returned with application.)

If granted this scholarship, I pledge that I will:

1. Provide the Walker County Fair Association, at least one month before enrollment, with the mailing address of the Financial Aid Office of the institution I will attend, as well as proof of registration and class schedule.
2. Furnish a copy of the following, immediately upon receipt, to the Walker County Fair Association:
 - a. Any interim grade-deficiency report.
 - b. Grade reports received at the end of each semester for which this scholarship is in effect. (Due within 2 weeks of receiving grades.)
3. Keep the Walker County Fair Association advised of any change of address or telephone number.

I understand that half the scholarship funds will be deposited with the financial Aid Office of the institution in which I am to be enrolled for the first semester and that a copy of my grades must be furnished to the Walker County Fair Association before funds are advanced for the second semester.

I understand that communications pertaining to this scholarship are to be mailed to the Walker County Fair Association Scholarship Committee at P.O. Box 1817 Huntsville, TX 77342-1817.

I understand that the Walker County Fair Association reserves the right to withdraw this scholarship, or any unfounded portion of it, for the following reasons:

- a. If the applicant is enrolled for fewer than 12 semester hours.
- b. If the applicant withdraws from the institution.
- c. If the applicant's grade reports are not submitted in a timely manner.
- d. If the applicant's grade-point average for the first semester is below 2.5 on a 4.0 scale or equivalent.

Date

Signature of Applicant

Date

Signature of Parent or Guardian

STATEMENT OF UNDERSTANDING AND RESPONSIBILITIES
(This copy to be retained by you.)

If granted this scholarship, I pledge that I will:

- 4. Provide the Walker County Fair Association, at least one month before enrollment, with the mailing address of the Financial Aid Office of the institution I will attend, as well as proof of registration and class schedule.
- 5. Furnish a copy of the following, immediately upon receipt, to the Walker County Fair Association:
 - c. Any interim grade-deficiency report.
 - d. Grade reports received at the end of each semester for which this scholarship is in effect. (Due within 2 weeks of receiving grades.)
- 6. Keep the Walker County Fair Association advised of any change of address or telephone number.

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- e. If the applicant is enrolled for fewer than 12 semester hours.
- f. If the applicant withdraws from the institution.
- g. If the applicant’s grade reports are not submitted in a timely manner.
- h. If the applicant’s grade-point average for the first semester is below 2.5 on a 4.0 scale or equivalent.

Date

Signature of Applicant

Date

Signature of Parent or Guardian

ACADEMIC TEACHER RECOMMENDATION

THIS FORM IS TO BE SEALED IN AN ENVELOPE MARKED "CONFIDENTIAL" AND RETURNED TO THE APPLICANT.

Student's Name: _____

Class: _____

1. Does this student have the ability, desire, and motivation for education beyond the high-school level, and do you think this student is deserving of a scholarship? Please include other comments you believe to be pertinent to this student's application for scholarship funds.

2. Please discuss any knowledge you may have of this student's need for financial assistance in connection with plans for education beyond the high-school level.

Date

Signature of Teacher

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ACADEMIC TEACHER RECOMMENDATION

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Student's Name: _____

Class: _____

2. Does this student have the ability, desire, and motivation for education beyond the high-school level, and do you think this student is deserving of a scholarship? Please include other comments you believe to be pertinent to this student's application for scholarship funds.

2. Please discuss any knowledge you may have of this student's need for financial assistance in connection with plans for education beyond the high-school level.

Date

Signature of Teacher

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COUNTY EXTENSION AGENT’S RECOMMENDATION

THIS FORM IS TO BE SEALED IN AN ENVELOPE MARKED “CONFIDENTIAL” AND RETURNED TO THE APPLICANT.

Student’s Name: _____

4-H Club: _____

1. Does this student have the ability, desire, and motivation for education beyond the high-school level, and do you think this student is deserving of a scholarship? Please include other comments you believe to be pertinent to this student’s application for scholarship funds.

2. Please discuss any knowledge you may have of this student’s need for financial assistance in connection with plans for education beyond the high-school level.

Date

Signature of County Extension Agent

THIS FORM IS TO BE SEALED IN AN ENVELOPE MARKED “CONFIDENTIAL” AND RETURNED TO THE APPLICANT.

CAREER AND TECHNOLOGY TEACHER RECOMMENDATION

THIS FORM IS TO BE SEALED IN AN ENVELOPE MARKED "CONFIDENTIAL" AND RETURNED TO THE APPLICANT.

Student's Name: _____

Class: _____

3. Does this student have the ability, desire, and motivation for education beyond the high-school level, and do you think this student is deserving of a scholarship? Please include other comments you believe to be pertinent to this student's application for scholarship funds.

2. Please discuss any knowledge you may have of this student's need for financial assistance in connection with plans for education beyond the high-school level.

Date

Signature of Career and Technology Teacher

THIS FORM IS TO BE SEALED IN AN ENVELOPE MARKED "CONFIDENTIAL" AND RETURNED TO THE APPLICANT.