

**WALKER COUNTY FAIR ASSOCIATION
SCHOLARSHIP APPLICATION - ROBERT A. ALEXANDER**

Statement of Understanding and Responsibilities

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:
 - Any interim grade-deficiency report
 - 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 of 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, Attn: Robert A. Alexander Scholarship Committee at P. O. Box 1817, Huntsville, Texas 77342-1817.

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

- If the applicant is enrolled for fewer than 12 semester hours
- If the applicant withdraws from the institution
- If the applicant's grade reports are not submitted in a timely manner
- If the applicant's grade point average for the first semester is below 2.5 on a 4.0 scale or equivalent.
- If the applicant does not go to college and the funds are not used.

Signature of Applicant

Date

Signature of Parent /Guardian

Date

THIS COPY IS FOR YOUR RECORDS

Robert A. Alexander Memorial Scholarship Checklist

- _____ Personal Information completed (pg 1)
- _____ Student Information (pg 2) submitted to counselor
- _____ Extra Curricular/Work Activities completed (pg 3)
- _____ Two letters of recommendation (pg 4)
- _____ Essay (pg 4-5)
- _____ Read and signed Statement of Responsibilities (pg 6)
- _____ Copy of Statement of Responsibilities for your records (pg 7)

Once you have completed your application please mail to:

Robert Alexander Scholarship Committee
P. O. Box 1917
Huntsville, TX 77342

Applications must be postmarked no later than 3rd Friday of April.



ROBERT A. ALEXANDER MEMORIAL SCHOLARSHIP

APPLICATION

This scholarship is a memorial to a member of the Walker County Fair Association Scramble Heifer Program who tragically lost his life in an accident in 1999.

The scholarship in the amount of \$1000 will be awarded to a former member of the W.C.F.A. Scramble Heifer Program who will attend a college, university, or vocational school. Recipient must be accepted by college, university or vocational school before the scholarship is granted.

Personal Information

Date: _____ Name of high school, college or university _____

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Telephone Number: _____

Father's Name: _____ Occupation: _____

Place of Employment: _____

Mother's Name: _____ Occupation: _____

Place of Employment: _____

Total number in family _____ Other children attending college?

Number of children living at home, including yourself _____ Ages:

Year participated in WCFA Scramble Heifer Program: _____

What percentile of your class do you believe you will rank at graduation?

What educational institution do you plan to attend?

First Choice: _____ Second Choice: _____

Major: _____

Information on Student

This part should be filled out by the applicant's principal or counselor and postmarked no later than 3rd Friday of April.

Robert Alexander Scholarship Committee

P. O. Box 1817

Huntsville, TX 77342

A. Grades (List student's classes for terms indicated and note any honors classes.) If enrolled in college, university, or vocational school, include copy of last transcript.

Junior Year	Grade	Senior Year (1 st Semester)	Grade

B. College Entrance Score (mark one which is applicable)

ACT composite score _____ SAT composite score _____

C. Student's cumulative high school GPA _____ (exclude spring senior year).

Signature of Principal or Counselor: _____

Date: _____

Phone Number: _____

Extracurricular/Work Activities

A. Show your involvement and offices held in clubs and organizations.

B. Honors and Awards (Attach extra sheet if needed)

C. Community or Other Activities

D. Are you presently employed? No ____ Yes ____

If so, list the type of work and number of hours per week that you work.
