

2016



Applicant Name (Please Print)

**CLARK COUNTY FAIR ASSOCIATION
2016 EXHIBITOR SCHOLARSHIP APPLICATION**

To be eligible to apply for a Clark County Fair Association Exhibitor Scholarship, applicant must have been actively involved in 4-H, FFA, or Open Class at the Clark County Fair. Dependents of the Clark County Fair Board of Directors and the dependents of FSMG employees are eligible for the Clark County Fair Association Scholarship program.

The awarding of a Clark County Fair Association Scholarship will be based on the following criteria:
Community Involvement - 20% Scholastic Ability - 30% Financial Need - 10%
Fair Activity - 25% Future Goals and Plans - 15%

THE FOLLOWING ITEMS ARE MANDATORY TO COMPLETE THE SCHOLARSHIP APPLICATION

ALL ITEMS MUST BE RECEIVED IN THE ADMINISTRATION OFFICE ON OR BEFORE March 31, 2016. It is the applicant's responsibility to ensure that all items are received by the deadline.

- A. Personal Information/Signature Sheet.
- B. Applicant income and expense statement.
- C. Two current (no older than 12 months) letters of recommendation. One recommendation must be from an instructor or academic advisor from a school attended in the previous 12 months and one recommendation from a personal or community reference (May use enclosed form). Or, if not enrolled in school, please provide two (2) letters of recommendation from personal or community references. Recommendation letters should not be written by a relative, which is defined as a parent, grandparent or sibling.
- D. Verification Letter from Fair Superintendent, Leader or Advisor (no older than 12 months). Must be a different person than the letters of recommendation, preferably not a relative. The purpose of this letter is to verify your activity at the Clark County Fair.
- E. Official transcripts (High School, Vocational or College) covering at least the latest two years from schools you have attended or are presently attending.

The scholarship award must be used for only tuition, class/laboratory fees and/or textbooks. The check for scholarships awarded will be issued to the college or institution of recipient with the student's name, following receipt of proof of enrollment and a statement showing amounts owed. Reimbursements for textbooks may be made directly to the recipient provided an identifiable receipt from the institution is submitted. The recipient is responsible for getting this information to the Finance Department of the Clark County Fair Association before any payments will be remitted to an institution or individual.

The scholarship funds must be requested within a three year period of August 2016. Unused amounts after that time are returned to the Clark County Fair Scholarship Fund.

A. PERSONAL INFORMATION/SIGNATURE SHEET (Page 1 of 2)

Name _____ Phone # _____

Address _____
City State Zip

High School GPA SAT Score ACT Score Major If College Student College GPA

School you are planning to attend/are attending _____

Name of Parents, if applicable _____

Address _____

Name of Schools Attended (High School/College)	Address	Dates of Attendance	Year Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list your major activities, achievements, and honors that indicate scholarship and leadership, with dates (use additional sheets if necessary)

SCHOOL

B. APPLICANT INCOME AND EXPENSE STATEMENT

ESTIMATED INCOME

ESTIMATED EXPENSES

<u>SOURCE OF FUNDS</u>	<u>AMOUNT</u>
Parents' Help	\$ _____
Summer Work	\$ _____
Work at School	\$ _____
Spousal Help	\$ _____
Other Scholarships (List Below)	\$ _____
Loans (List Below)	\$ _____
ROTC	\$ _____
Relative's Help	\$ _____
Savings	\$ _____
Tax Refund	\$ _____
Other (List Below)	\$ _____
Total Estimated Income	\$ _____

<u>USE OF FUNDS</u>	<u>AMOUNT</u>
Food	\$ _____
Housing/Rent	\$ _____
Books	\$ _____
Tuition	\$ _____
Lab/Class Fees	\$ _____
Clothing	\$ _____
Travel (List Below)	\$ _____
Incidentals	\$ _____
Time Paymts (List Below)	\$ _____
Bills (List Below)	\$ _____
Medical	\$ _____
Total Est Expenses	\$ _____

Use Space below to explain items above.

Use Space below to explain items above

Total Estimated Income	\$ _____
Total Est Expenses	\$ _____
Financial Need	\$ _____

Additional Financial Comments _____

**C. LETTER OF RECOMMENDATION – EXHIBITOR SCHOLARSHIP
MUST BE RECEIVED IN THE ADMINISTRATION OFFICE BY MARCH 31, 2016**

Two letters of recommendation are required (no older than 12 months). One recommendation must be from an instructor or academic advisor from a school attended in the previous 12 months and one recommendation from a personal or community reference (May use form below). Or, if not enrolled in school, please provide two letters of recommendation from personal or community references. Recommendation letters should not be written by a relative, which is defined as a parent, grandparent or sibling.

Return Letters to:

Clark County Fair Association
Scholarship Committee
17402 NE Delfel Road
Ridgefield, WA 98642

Fax: 360-397-6185

Email: DonnaD@cceventcenter.org

Name of Applicant: _____

Please evaluate the above applicant on the following:

A. Integrity _____

B. Initiative _____

C. Interest in Studies _____

D. Independence of Thought _____

E. Leadership _____

F. Academic Success Potential _____

G. Social Skills _____

H. Additional Comments _____

Name (Please Print)

Title

Date

Signature

Phone Contact

**D. VERIFICATION LETTER FROM FAIR SUPERINTENDENT OR LEADER OR ADVISOR
MUST BE RECEIVED IN THE ADMINISTRATION OFFICE BY MARCH 31, 2016**

Verification Letter from Fair Superintendent, Leader or Advisor (no older than 12 months). Must be a different person than the letters of recommendation preferably not a relative. The purpose of this letter is to verify your activity at the Clark County Fair.

Return Letters to:

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Fax: 360-397-6185

Email: DonnaD@cceventcenter.org

Name of Applicant: _____

Please describe this applicant's Fair activity. If possible, please include the following characteristics:

Initiative; Dependability; Preparedness; Cooperation; Self-starter; Leadership; Willingness to Perform;

Attitude; Participation through Years; Punctuality; Work Ethic: Attendance; and Teamwork. Please use

the space below and separate sheets if necessary.

Name (Please Print)

Title

Date

Signature

Phone Contact