

**Name**

**Address Line 1**

**Address Line 2**

**City**

**State**

**ZIP/Postal Code**

**Email**

**Phone**

**Date of Birth**

**PARENT/GUARDIAN INFORMATION**

**Name**

**Address Line 1**

**Address Line 2**

**City**

**State**

**ZIP/Postal Code**

**Email**

**Phone**

**Occupation – Father**

**Income – Father**

**Occupation – Mother**

**Income – Mother**

**Extenuating Family Circumstances**

**Names & Ages of Children or Dependents in the Family**

**Number of Children or Dependents Still Living at Home**

**Number of Children or Dependents in College Next Year (Including Applicant)**

**APPLICANT SCHOLARSHIP INFORMATION**

**Are you applying for any other scholarships?**

**Please list name, source, amount and status (pending, received, etc.).**

**Are you a graduating high school senior?**

**GPA**

**Class Rank**

**SAT Score**

**ACT Score**

**University/School You Plan to Attend**

**Have you applied for admission?**

**Have you been accepted?**

**What do you expect your expenses to be for the semester? (tuition, books, fees, etc.)**

**Do you plan to contribute to financially assist yourself in college?**

**Intended Course of Study – Major**

**Intended Course of Study – Minor**

**Goals**

**Years in FFA**

**Years in 4H**

**Years in FHA**

**I HEREBY AGREE TO THE FOLLOWING LISTED TERMS. IF I DO NOT FULFILL THE AGREEMENT, I WILL JEOPARDIZE THIS SCHOLARSHIP.**

**Name of University Attending**

**Address Line 1**

**Address Line 2**

**City**

**State**

**ZIP/Postal Code**

**Name of Financial Aid Officer**

**AUTHORIZATION**

I authorize my college, university, or trade/technical school to send a copy of my grade report to the North Texas State Fair Association at the conclusion of each semester. (Report will only be reviewed by the scholarship committee, and all will be kept confidential.) I will maintain a minimum 2.5 grade point average while completing a minimum of twelve (12) hours each semester. We have examined this application and find the information submitted to be true and accurate. By entering your initials below, you are verifying that the information on this form is true and accurate.

**Applicant's Signature**

**Parent/Guardian's Signature**

**Name of Advisor, Counselor, Principal, FFA, 4H, FHA Leader**

**Letter of Recommendation from Advisor, Counselor, Principal, FFA, 4H, FHA Leader**

**Letter of Recommendation from Person of Your Choice**

**Two Professional Photos**