Northwest Missouri State Fair Scholarship

Application Deadline: May 1st Presented By: Bethany Fair, Inc. FAMILY OF FAIR BOARD MEMBERS ARE NOT ELIGIBLE TO APPLY

SECTION 1: INFORMATION TO BE SUPPLIED BY APPLICANT (please type or print)

Name (First and Last):	Male []	Female []
Address:		
City, State, Zip:		
Phone #:		
Name of High School:		
Name of Father or Male Guardian:		
Address of Father or Male Guardian:		
Occupation:		
Name of Mother or Female Guardian:	Please atte	ach your senior picture
Address of Mother or Female Guardian:		
Occupation:		
Number of children in your family:		
Number currently enrolled in college:		
Briefly summarize your school, church, and community activities. List		
organizations of which you are a member and offices you have held.		
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List any honors or awards you have received.		
List any nonors of awards you have received.		
List both paid and volunteer work experience and job duties you have	aarfarmad	
List both paid and volunteer work experience and job duties you have j	Jeriorineu.	
College or Post Secondary School you plan to attend		
College or Post-Secondary School you plan to attend:		
Estimated expenses per school year:		
Estimated expenses per school year:		

What is your intended major a	and/or career goal?	
Indicate what you have done i	n planning ahead to help meet you	ur anticipated college expenses:
• •	nts that the Scholarship Selection (g, character, and other factors havi	Committee be fully informed as to the ing a bearing on this application.
Signature of Applicant		
After you have completed you The deadline is May 1 st .	r part of the application, please pre	esent to your Counselor for certification.
SECTIO	ON 2: INFORMATION TO BE SUPPL	IED BY COUNSELOR
This is to certify that the above ap GPA:	plicant is ranked in a cla	ss of seniors.
This applicant has taken the follow	ving college antitude test:	
This applicant has taken the follow Name of Test	Score	Date Tested
The Scholarship Selection Commit applicant's citizenship and worthin	• •	ment concerning your evaluation of this
Award will be presented at: Awards Ceremony Graduation	Counselor: Date: Name of High School:	
Date & Time of Presentation:	Address of High School: Telephone Number:	