

The Association of Connecticut Fairs  
**SCHOLARSHIP APPLICATION**

The Association of Connecticut Fairs annual scholarships are available to all students active in member fairs without discrimination as to race, color or creed. Applicants must be sponsored by a member fair of the Association of Connecticut Fairs, Inc. and be enrolled at an accredited institution of higher learning.

Two \$1000.00 scholarships will be awarded annually to a graduating high school senior or a current college student. One scholarship will be awarded to a student pursuing a course of study in agriculture, home economics or a related field during the next academic year.

The other scholarship will be awarded to a student pursuing a course of study in any field during the next academic year.

**The following factors will be considered by the selection committee:**

- Fair Participation: 30%
- Scholastic Standing: 25%
- Financial Need: 25%
- Citizenship and Leadership: 20%

**Which scholarship are you applying for?:**

Agriculture, Home Economics or related field     Any other course of study

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Fair you represent: \_\_\_\_\_

High School Last Attended: \_\_\_\_\_

Name of Parent or Guardian	Occupation	Employer
_____	_____	_____
_____	_____	_____

Names of Brothers and/or sisters	Live at home with you?	Dependent on family income?	Attending College	Name of college
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**School Activities you have participated in (list any officer positions you may have held):**

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**Community Service: Church, Clubs, Organizations:**

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**Awards Received: School, Community, Clubs, Organizations:**

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**Work Experience:**

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Name	<b>References</b> Relationship	Phone Number

Did your parents or guardian claim you as a dependent on their income tax last year?: \_\_\_\_\_

Does anybody (other than yourself) depend on you for support?: \_\_\_\_\_

Name of Dependent	Live with you?	Age Attending School?	Name of School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Annual Financial Need**

What is the yearly estimated cost for your schooling?: \_\_\_\_\_

Financial resources available to you: \_\_\_\_\_

Other scholarships/Grants Received

Award Name: \_\_\_\_\_ Amount: \_\_\_\_\_ (Is it refundable) \_\_\_\_\_

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Award Name: \_\_\_\_\_ Amount: \_\_\_\_\_ (Is it refundable) \_\_\_\_\_

Parents/Guardian Contribution: Amount: \_\_\_\_\_

Applicant Contribution: Amount: \_\_\_\_\_

Other Income: Amount: \_\_\_\_\_

Total of all above resources: TOTAL: \_\_\_\_\_

Name of College or University which you plan to attend or are attending

\_\_\_\_\_

Years Completed \_\_\_\_\_ If you have not attended college, have you been accepted? \_\_\_\_\_

Major Field of Study \_\_\_\_\_

Degree Sought: Associate \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Other \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_

