# 2017 JIM WELLS COUNTY FAIR SCHOLARSHIP

MAIL APPLICATION TO: Jim Wells County Fair Association P.O. Box 3664 Alice, Texas 78333-3664

POSTMARK DEADLINE BY OCTOBER 01, 2017

### JIM WELLS COUNTY FAIR SCHOLARSHIP Eligibility and Requirements

#### 1. To be eligible to apply for a Jim Wells County scholarship, an applicant must:

- A. Be an active member of FFA, FCCLA or 4-H for the current year and at least two of the five previous years. Be in good standing with their Association. Applicant must have exhibited livestock in the Jim Wells County Fair at least two years.
- B. Be a U.S. Citizen. If the applicant's transcript reflects a place of birth other than the United States, proof of naturalization must be shown to a high school records official or the person verifying the application.
  - C. Be a current year graduating senior.

#### 2. The applicant must:

- A. Have all applicable pages completed.
- B. Be typewritten, except for signatures.
- C. Contain all requested signatures.
- D. Contain no supplemental pages that are not requested.
- E. Be accompanied by a one-page essay.
- F. Be accompanied by the student's official transcript for the first three years, which is signed by a school records official and certified with a school seal. The academic achievement record must include a photocopy of the college entrance exam's official report of scores label indicating the student's SAT and/or ACT scores. If more than one page is submitted, each page of the academic achievement record must display a school seal.

IF AN INTERVIEW SHOULD BE NECESSARY, INTERVIEWS WILL BE HELD ON OCTOBER 24, 2017 AT THE JIM WELLS COUNTY FAIRGROUNDS.

## **GENERAL INFORMATION**

1.		_					
	(First Name)	(MI)	(Last Name)				
2.							
	(Social Security Number)	(Age)	(Area Code and Phone Number)				
3.	Home Address:						
	(Street, R	Route, Box Numb	ber, City, State and Zip Code)				
4.	Name of Organization:						
5.	Name of High School:						
6.	Parent or Guardian's Name:						
7.	Parent or Guardian's Address:		ox Number, City, State and Zip Code)				
	(2	Street, Route, Bo	ox Number, City, State and Zip Code)				
8.	Father or Guardian's Occupation: _						
	Business Title:	Employer	r:				
9.	O. Mother or Guardian's Occupation:						
			r:				
10.	Number of Older Siblings:	Ages:					
	Number of Younger Siblings:	Ages:		_			
	Number of Siblings Now in College	:	-				
11.	Have you been accepted for admissi	on to a college o	or university? Yes No				
12.	If yes, at which college or university	y?					
13.	If not already accepted, have you ma	ade application f	for admission? Yes No				
14.	If yes, at which college or university	/?					
15.	What major (course of study) do you intend to pursue?						
16.	My planned career is:						

### THIS PAGE TO BE COMPLETED BY HIGH SCHOOL PRINCIPAL OR COUNSELOR

### I. SCHOLARSHIP OR ACADEMIC ACHEVEMENT

A. Name of Applicant:			
B. Name of High School:			
C. Date Applicant is to Graduate:		Month)	(Year)
D. Applicant's Numerical Ranking in Gradua	ting Class for the	First Three (3) Years	s in High School:
E. Number of Students in Graduat	ing Class:		-
F. Applicant's Rank in Graduatin as a Percentage (D/E x 100 = F):			3) Years in High School Shown
G. Applicant's <b>Unweighted</b> * No (0-100) for the First Three (3) Years <b>*Note:</b> The practice of calculating regulated by a common procedure comparison and competition for the without the use of honors course we	of High Scho averages by g throughout his scholarshi	ool: giving greater v the state. The p program, all	weights to honors courses is not erefore, for the purpose of fair
H. Applicant's Total Number of Credit	ts for the First	Three (3) Years α	of High School:
I. Total Number of: A's:	, B's:	, C's:	and D's:
II. COLLEGE ENTRANCE EXA desired; However, do not combine			
A. SAT Scores: (Verbal)	(Math)	(Total)	Date of SAT:
B. ACT Composite Score:			Date of ACT:
<b>Note:</b> SAT/ACT scores, class rank the second decimal) that are incorr penalty on the applica	ectly listed sh	all result in the	assessment of a three (3) point
III. BRIEF TYPEWRITTEN S COUNSELOR REGARDING A CAREER AS RELATED TO THI	APPLICANT	AND PREI	PARATION FOR HIS/HER
Date: Signe	ed:	Ligh Cobast D	incinal or Courseles
	1)	ngn School Pr	incipal or Counselor)

'EAR	EXHIBIT		
	IIEVEMENTS (List you 10 highest and do not duplicate)		
YEAR	ACHIEVEMENT		

V. HIGH S	SCHOOL ACHIEVEMENTS (List you 10 highest and do not duplicate)					
YEAR	TEAR ACHIEVEMENT					
	1					

**V. ESSAY** – Attach a one-page essay, double-space with a font no smaller than 10. The essay should include: Work experiences of the applicant, chosen course of study, career plans and other scholarships applied for or received.

**VI. INTERVIEW** – If an interview should be necessary, interviews will be held on October 24, 2017 at the Jim Wells County Fairgrounds.

The information I have given is true, to the best of my knowledge.

DATE:	SIGNED:		
		(Applicant)	
DATE:	SIGNED:		
		(Parent or Guardian)	