

## ALLEGAN COUNTY AGRICULTURAL SOCIETY SCHOLARSHIP FUND

Please complete this application so we can determine your eligibility for receiving scholarship funds available to help students planning to pursue a post-secondary education. This scholarship requires that applicants have participated in exhibiting at the Allegan County Fair for three out of four of their high school years.

Complete this application as soon as possible then forward the application to the person you have selected to complete the appraisal (page 4). You are required to select a high school or college counselor or teacher. **High school seniors and students who have completed less than one full term of post-secondary education must include a high school transcript of grades.**

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that the attached questionnaire and all supporting documents are submitted by April 1, 2021. The Allegan County Agricultural Society reserves the right to process only applications found to be complete and postmarked as of the application deadline of April 1, 2021. **Scholarship applicants must include THREE personal photos** (see page 3.)

Children or grandchildren of full-time fair employees or board members are not eligible for this scholarship fund.

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant=s Signature \_\_\_\_\_  
Date \_\_\_\_\_

**SUBMIT APPLICATION TO: ALLEGAN COUNTY FAIR BOARD  
P.O. BOX 10  
ALLEGAN, MI 49010**

Remember to include 3 photos!!!

**ALLEGAN COUNTY AGRICULTURAL SOCIETY  
SCHOLARSHIP  
(PLEASE PRINT OR TYPE)**

**APPLICANT DATA**

NAME (last) (first) (middle initial) Social Security Number

Permanent Address (street) (city) (state) (zip)

Date of Birth (month, day, year) ( ) Telephone Number

Name of parent/guardian \_\_\_\_\_

Permanent mailing address of parent/  
guardian if different from applicant  
(street) (city) (state) (zip)

( ) Telephone Number

**SCHOOL DATA**

High School Attended \_\_\_\_\_ Graduation Date Mo \_\_\_\_\_ YR \_\_\_\_\_

Address (street) (city) (state) (zip) Telephone Number ( )

Name of High School Principal \_\_\_\_\_

Name of post-secondary school for which applicant=s scholarship is requested

4 yr. College/University \_\_\_\_\_

Community College \_\_\_\_\_

Other \_\_\_\_\_ Accredited? Yes \_\_\_\_\_ No \_\_\_\_\_

Address (street) (city) (state) (zip)

Year in post-secondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: \_\_\_\_\_ live on campus \_\_\_\_\_ live off campus \_\_\_\_\_ commute

Enrolled: \_\_\_\_\_ less than half-time \_\_\_\_\_ half-time or more \_\_\_\_\_ full-time

Anticipated date of graduation from post-secondary program

Major field of study applicant plans to pursue \_\_\_\_\_

**PERSONAL DATA - INCLUDE 3 PICTURES OF YOURSELF**

Describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours per Week

List all school and agricultural activities in which you have participated during the past 4 years (e.g. 4-H clubs, FFA clubs, music, sports, student government, etc.)

Activity	No. of yrs partic.	Special Awards Honors Offices Held	Activity	No. of yrs partic.	Special Awards Honors Offices Held

Make a statement of your plans as they relate to your education, career objectives and future goals.

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Please describe how and when any agricultural experiences have affected your achievement in school, work experience, or your participation in school and community activities. Please list the years and departments that you have exhibited in at the Allegan County Fair during high school.

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### APPLICANT APPRAISAL

To be completed by a high school or college counselor or advisor.  
Please give immediate and serious attention to the following statements. When complete, please return to applicant.

The applicant=s choice of a post-secondary education program is \_\_\_\_\_ very appropriate \_\_\_\_\_ appropriate \_\_\_\_\_ inappropriate

The applicant=s achievements reflect his/her ability \_\_\_\_\_ very well \_\_\_\_\_ moderately well \_\_\_\_\_ not well

The applicant=s ability to set realistic and attainable goals is \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

The quality of the applicant=s commitment to agriculture, school and community is \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

The applicant is able to seek, find, and use learning resources \_\_\_\_\_ very well \_\_\_\_\_ moderately well \_\_\_\_\_ not well

The applicant demonstrates good problem-solving skills, follows through, and completes tasks \_\_\_\_\_ very well \_\_\_\_\_ moderately well \_\_\_\_\_ not well

The applicant=s respect for self and others is \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appraiser=s Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_ ( ) \_\_\_\_\_

Appraiser=s Business Address (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

### TRANSCRIPT INFORMATION

1. Students currently enrolled in college or vocational-technical school must include recent college or vo-tech transcript of grades. (Completion of the following section is not necessary.)
2. **High school seniors and students who have completed less than one full term of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.**

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_ /4.0 scale  
PSAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_  
ACT Standard English \_\_\_\_\_ Math \_\_\_\_\_

School Official=s Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_ ( ) \_\_\_\_\_

School Address (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

