

**CLAY COUNTY FAIR ASSOCIATION, INC.**  
**2020 High School Senior Scholarship Application**

Located @ 2493 STATE ROAD 16 WEST  
GREEN COVE SPRINGS, FL 32043  
904-284-1615

**NO FAXED APPLICATIONS WILL BE ACCEPTED.**  
**IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR APPLICATION WAS RECEIVED.**

**Instructions:** Please type or print using blue or black ink. (No Pencil) Fill out the application completely. Incomplete applications will **NOT** be considered.

**Applicant Information:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Family Information:**

Parent/Guardian Name \_\_\_\_\_

Father / Guardian Occupation and Employer \_\_\_\_\_

Mother / Guardian Occupation and Employer \_\_\_\_\_

Number of brothers, sisters, and ages of each \_\_\_\_\_

Other siblings attending college (ages and institution) \_\_\_\_\_

Name of High School Attending \_\_\_\_\_

**\*\*\*Mark one of the following that you are involved in:**

\_\_\_ FFA Chapter \_\_\_\_\_ \_\_\_ FCCLA

\_\_\_ 4-H Club Name \_\_\_\_\_ \_\_\_ Clay County Sheriff's Explorers

Signature of Club / Chapter Advisor or Supervisor: \_\_\_\_\_

**Office use only** - Application Submission Date: \_\_\_\_\_

**School Activities:**

<u>Activity</u>	<u>Grade (circle one)</u>	<u>Accomplishments</u>
_____	9 10 11 12	_____
_____	9 10 11 12	_____
_____	9 10 11 12	_____
_____	9 10 11 12	_____

**Work Experience: (List most recent job first)**

<u>Employer</u>	<u>Date Employed</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Community Involvement:**

<u>Activity</u>	<u>Grade (circle one)</u>	<u>Organization</u>
_____	9 10 11 12	_____
_____	9 10 11 12	_____
_____	9 10 11 12	_____
_____	9 10 11 12	_____

Additional information may be included on a plain sheet of paper attached to this application.

Please explain why you need this scholarship. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a component of this scholarship, you must serve ten (10) hours of community service during the current Clay County Fair, April 2nd - April 11, 2020 (days or evenings). **All community service hours this year will be completed at the front gate and must be scheduled through the Fair Office at (904) 284-1615.** Visit the Fair website at [www.claycountyfair.org](http://www.claycountyfair.org) for Schedule information.

Are you willing to make this commitment?

YES \_\_\_\_\_ NO \_\_\_\_\_

**Academic Information:**

What major course of study do you plan to pursue in college? Explain why.

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What college/technical institution do you plan to attend? \_\_\_\_\_

**This section is to be filled out by the Guidance Counselor or College & Career Coach**

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

High School GPA year by year: Fresh. \_\_\_\_\_ Soph. \_\_\_\_\_ Jr. \_\_\_\_\_ Sr. \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ ACT \_\_\_\_\_ SAT \_\_\_\_\_ Total dual enrollment Credits \_\_\_\_\_  
(Sealed Transcript required from Guidance Counselor or College & Career Coach)

Number of unexcused absences per year \_\_\_\_\_ Rank in class \_\_\_\_\_

Number of Disciplinary referrals in the last year \_\_\_\_\_

Name of Guidance Counselor or College & Career Coach \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Guidance Counselor or College & Career Coach \_\_\_\_\_ Date \_\_\_\_\_

I authorize the Clay County Fair Association, Inc. to request information from my high school guidance counselor or College & Career Coach regarding my academic record and conduct. I hereby certify that all information submitted as a part of this application is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**The completed application must be in the office of the Clay County Fair Association by 4:00 PM on Friday, December 6, 2019. Applications will not be accepted after this date. NO EXCEPTIONS.**