



# \$500 College Scholarship Application Form

Applicant Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

High School Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

Principal: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

College Applicant Plans to Attend: \_\_\_\_\_

Acceptance Date: \_\_\_\_\_

Field of Study: \_\_\_\_\_

**Scholarship:**

High school transcripts signed by guidance counselor or principal attached.

List of all honors received in high school for scholastic achievement.

**Activities:**

Have you participated in the Chautauqua County Fair?      Yes      No

If yes, please list the years, exhibits and awards you have received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you participated in High School activities?      Yes      No  
If yes, please list those activities in order of interest to you:

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Have you participated in other Community Activities and Organizations?      Yes      No  
If yes, please list those activities in order of interest to you:

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**Life Goals:**

Do you plan to remain in or return to farming or the agricultural field of work?      Yes      No  
If yes, please explain your reasons why and how you have decided on a specific field of agriculture to pursue:

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

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guidance Counselor/Principal: \_\_\_\_\_ Date: \_\_\_\_\_

***This scholarship application must be typed and received  
by the Chautauqua County Agricultural & Fair  
Association, Inc., at the address listed below, on or before  
July 1.***

Fair Office: PO Box 191, Dunkirk NY 14048  
Phone: (716)366-4752  
Fax: (716)-366-4771  
Email: cofair@netsync.net