



Blue Ribbon Club Scholarship for Seniors

DCLA Youth Fair PO Box 887
Krum, TX 76249
(940) 367-4633
dentonyouthfair.com

The committee will not consider incomplete applications!

Applicant's Name _____
(Last) (First) (Middle)

Social Security #: _____ Phone Number: (____) _____

Address: _____ Cell Phone Number: (____) _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Name of Parent/Guardian: _____

Address: _____ Phone: (____) _____

Email address for notification purpose: _____

Occupation – Father/Guardian: _____

Occupation – Mother/Guardian: _____

Supporting Income – Father/Guardian: _____

Supporting Income – Mother/Guardian: _____

Extenuating family circumstances: _____

Name & ages of children in family: _____

Number of children in college next year (include yourself): _____

If applying for an agriculture scholarship, what experience have you had in that field? _____

What have you done in the organization in which you are applying? _____

Applying for any other scholarships? Yes No Type: _____

Amount of scholarship applied for: _____

Scholarship already received: _____



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What do you anticipate your expenses to be next year? (tuition, books, fees, etc.): _____

College/university/technical school you plan to attend: _____

Have you been accepted? Yes No Intended course of study: _____

Why/Goals? _____

Graduate Senior: Yes No Rank in class _____ of _____ GPA: _____

Numerical grade point average on basis of 100: _____

SAT and/or ACT scores: _____ FASFA score _____

Do you plan to contribute financially to your college education? Yes No

During summer _____ School year _____

Employment record - type of work you have done (paid or volunteer): _____

List school organizations in which you participated, duration, offices held, awards/honors received.
attach additional sheets if necessary.

Civic and community activities participated in and your role: _____

Youth fair years participated: _____

What was your participation? _____



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What did you contribute to the youth fair? _____

4-H – Number of years _____

F.F.A. – Number of years _____

F.C.C.L.A. – Number of years _____

Type a paragraph explaining why you are applying for this scholarship. include all extenuating circumstances.
(Please elaborate. If you need more room, you may type on the back of this paper)

If you have any additional information on any questions, please answer on back.

Check sheet:

1. Guidelines for scholarship and Privacy Act signature
2. Application
3. Advisor's signature
4. Letters of recommendation
5. FASFA score (If unavailable, you may turn in a copy of your parent's or guardian's summary, top sheet of income tax form)
6. Official high school transcript

Advisor's Signature: _____

Name: _____

Address: _____

City and Zip Code: _____

Phone Number: (_____) _____

Cell Phone Number: (_____) _____