## Fayette County Go Texan Local Scholarship Application Please type or print legibly in blue or black ink – Date to be received is March 22, 2024

|  |                               |                              | Date:  |
|--|-------------------------------|------------------------------|--|
| Full Name of Applicant:  |                               |                              | Male Female  |
| Date of Birth:   |                               | Age                          | (Check One)  |
| Home Address:  |                               |                              |  |
| City:  |                               |                              | Zip:   |
| Telephone number:  | ()                            |                              |  |
| E-mail address:  |                               |                              |  |
| Name of High School  |                               |                              |  |
| Name of Contact Person   | n at High School:             |                              |  |
| School Telephone:  | ()                            |                              |  |
| Anticipated Graduation   | Date:                         | Number in                    | Graduating Class   |
| Your Current Class Ran   | k:                            | Date of I                    | Ranking:   |
| Scholastic Grade Average for 4 years   |                               | On What Scale:               |  |
| is based, such as 3.87/4.0 sca   |                               | scale will not be considered | as a ratio including the scale on which it<br>. An official transcript showing the grade |
| SAT Score:   | ACT Score:                    | _ Date of Exam(s):           |  |
| Have you applied for admission to a Texas College, University or Post Education Program? |                               |                              |  |
|  |                               |                              | () () (Check one)  |
| Have you been accepte  | d?                            |                              | () ()  |
| Name of college, univer  | sity or program you will atte | end:                         |  |
| Major Field of Study:  |                               |                              |  |

| Planned Career:  |
|--|
| List any advanced or honors classes you have taken:  |
|  |
|  |
|  |
| Please list any specific reasons why you need financial assistance to attend school. Financial information provided on this application will remain confidential. For example: Do you have other brothers or sisters in college at the present time which your parents are financially helping? Are there other special family situations or financial situations that affect you being able to receive financial assistance to attend school? |
|  |
|  |
|  |
|  |
| <u> </u>   |
| Please indicate any previous work history you have, including jobs you have had during high school. Also, blease detail how important it will be for you to work while in college and plans you have to secure employment while in college.  |
|  |
|  |
| _  |
|  |

## Activities, Honors, Awards (attach extra pages as needed) **High School** In the spaces below, list any offices held or awards received in high school. If a repetitive award or recognition please indicate years achieved. Example: National Honor Society - 3, 4. 4-H, FFA, Extracurricular Activities In the spaces below, please outline your Fayette County 4-H/FFA activities and/or other clubs/activities in which you have participated, indicating any other awards, recognition or offices held. Include name of club or chapter. Have you been an active member of Fayette County 4-H/FFA for at least 2 years? During your high school years? Years? (From-to) (Check one) Name of Club/Chapter

| In the space below, please outline any other activity recognition you might have received. Include church         |   |
|---|---|
|   |   |
|   |   |
| Certificate of Application  |   |
| I hereby certify that the statements contained in this a presently meet all eligibility requirements set forth in |   |
| Signature of Applicant:   | <del></del>                                     |
| Date:   |   |
| Signature of Parent or Guardian:  |   |
| Date:   |   |
| AgriScience Teacher (AST) /County Extension Ag  | ent (CEA) and High School Official              |
| We have examined this application and find the documentation is attached.   | records to be true, accurate, and complete. All |
|   |   |
| AST or CEA Name (Printed or Typed)  | High School Official (Printed or Typed)         |
| Signature of AST or CEA   | Signature of High School Official               |
| Telephone No  | Telephone No                                    |
| Date  | Date  |

Required Attachments:
Three letters of recommendation from persons familiar with the applicant must be submitted. The letter should include the name, address, and telephone number of the person writing the letter.

Official transcript showing grade point average, class standing, and SAT or ACT score.