## Fayette County Go Texan Local Scholarship Application Please type or print legibly in blue or black ink – Date to be received is March 25, 2022.

	Date:
Full Name of Applicant:	Male Female
Date of Birth:	(Check One) Age
Home Address:	
City:	Zip:
Telephone number: ( )	
E-mail address:	
Name of High School	
Name of Contact Person at High School:	
School Telephone: ()	
Anticipated Graduation Date:	Number in Graduating Class
Your Current Class Rank:	Date of Ranking:
Scholastic Grade Average for 4 years	On What Scale:
Scholastic average must be expressed either as a numerical is based, such as 3.87/4.0 scale. Applications without the grapoint average/class standing must be submitted with this app	I percentage, such as 98%, or as a ratio including the scale on which inde scale will not be considered. An official transcript showing the grade lication.
SAT Score: ACT Score:	Date of Exam(s):
Have you applied for admission to a Texas College	ge, University or Post Education Program?
	() () (Check one)
Have you been accepted?	() ()
Name of college, university or program you will a	ttend:
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?
Please indicate any previous work history you have, including jobs you have had during high school. Also, please 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 activities recognition you might have received. Include church	ities in which you participate, indicating any special activities or community service.
Certificate of Application	
I hereby certify that the statements contained in this I presently meet all eligibility requirements set forth in	application are true, accurate, and complete and that the guidelines and this application.
Signature of Applicant:	
Date:	
Signature of Parent or Guardian:	
Date:	
AgriScience Teacher (AST) /County Extension Ag	gent (CEA) and High School Official
We have examined this application and find the documentation is attached.	e 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.