

# POLK COUNTY YOUTH FAIR SCHOLARSHIP

- SCHOLARSHIP AWARD:** The scholarship grants are not to exceed \$500 per semester. Recipients may submit an application for subsequent semesters.
- DONOR:** Polk County Youth Fair
- ELIGIBILITY REQUIREMENT:** Applicants must:  
Have participated in the Polk County Youth Fair as a member of 4-H, FFA, FCCLA.
- \* All candidates must be actively enrolled full time and accepted for the next semester in an accredited Career Center, College or University
  - \* All candidates must be in good academic standing(C average or better)
  - \* Must show acceptance letter or record of enrollment from an accredited Career Center, College or University and most recent transcript
- APPLICATION FORM:** \*
- Application forms are available from the Youth Fair office or online at [www.pcyf.net](http://www.pcyf.net)
- APPLICATION CRITERIA:** The following must be submitted to the Youth Fair Office:
- Completed application form
  - The applicant required statement stating reason and need
  - The six required attachments
  - **Resubmissions MUST include ALL information with each application.**
- APPLICATION DEADLINE:** September 1 of current year for first semester.  
February 1 of current year for second semester.
- NOTIFICATION:** The recipient will be notified by mail or phone and be invited to the annual board meeting held in September to be recognized.

# Polk County Youth Fair Scholarship Application

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ FLORIDA \_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER (BEST NUMBER TO CONTACT YOU) \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Name of club or chapter in which you participated under: \_\_\_\_\_

## EDUCATIONAL DATA:

Name and location of school you are currently attending:

\_\_\_\_\_

Complete all statements: High School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

What career do you plan to follow? \_\_\_\_\_

## STATEMENT BY APPLICANT

**I personally have prepared this report and certify that it accurately reflects my work:**

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

## ATTACH THE FOLLOWING REQUIREMENTS TO THIS APPLICATION ANNUALLY:

1. Letter from applicant stating reason and need.
2. Letter of recommendation from agent, leader or advisor under which Youth Fair project was completed.
3. Describe your Youth Fair experience and how it has helped you attain your college and career goals.
4. Copy of your acceptance letter or record of enrollment from Career Center, College or University and copy of current transcript.
5. Picture of yourself.
6. On the attached form, document the year's entered in the PCYF, the exhibits entered and awards received.

**DEADLINE** for Application First Semester - September 1 of the current year  
Second Semester: February 1 of the current year

**Resubmissions MUST include ALL information with each application.**

**MAIL THIS APPLICATION AND ABOVE REQUIREMENTS TO:**

**Polk County Youth Fair, P.O. Box 9005, Drawer HS03, Bartow, FL 33831-9005.**

