

Application Form For  
ROBERTSON COUNTY FAIR ASSOCIATION, INC. SCHOLARSHIP  
Due to James McCullough

**BY HAND DELIVERY**

to physical address: 307 N. Center Street, Franklin Texas  
to be RECEIVED by Friday April 14, 2023 at 4:30 p.m.

RCFA plans to award Scholarships for graduating seniors who will attend institutes of higher learning after high school and have participated in the RCFA.

Scholarship recipients are selected by the Scholarship Committee of the RCFA.

**THE APPLICATION MUST INCLUDE YOUR TRANSCRIPT**

**DO NOT WAIT UNTIL THE LAST MINUTE**

**Application Form For  
ROBERTSON COUNTY FAIR ASSOCIATION, INC. SCHOLARSHIP**

Due to Jimmie McCullough at  
physical address: 307 N. Center Street, Franklin Texas  
to be RECEIVED by Friday April 14, 2023 at 4:30 p.m.

**You may attach additional sheets if there is inadequate room on the form  
(please print or type all information)  
(except page 4 of 8)**

**FAMILY INFORMATION:**

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

Full Name of Applicant \_\_\_\_\_ M or F  
(circle one)

Name you prefer to be called \_\_\_\_\_

email address: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_, Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

College Attended \_\_\_\_\_ Years \_\_\_\_\_ Degree \_\_\_\_\_  
(yes or no)

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

College Attended \_\_\_\_\_ Years \_\_\_\_\_ Degree \_\_\_\_\_  
(yes or no)

Ages of Brothers \_\_\_\_\_ of Sisters \_\_\_\_\_

Number of siblings in college now \_\_\_\_\_

**ACADEMIC INFORMATION:**

Name of High School \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

Date of Anticipated Graduation \_\_\_\_\_

Number in your graduating class \_\_\_\_\_ Your rank \_\_\_\_\_

Are you Class Valedictorian? \_\_\_\_\_ Salutatorian? \_\_\_\_\_

Your scholastic average for four years \_\_\_\_\_

(If scholastic average is not a numerical percent (98.6%), please express it including scale [ex. 3.87 on 4.0 scale] Student's transcript should verify basis for grading system with numerical equivalents/ranges indicated)

**ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT**

Were you in honors or advanced classes? \_\_\_\_\_

If answer is "yes", please list these courses in space provided:

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List institutions you plan to attend by order of your choices and describe whether you have been accepted.

First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

Third choice: \_\_\_\_\_

SAT score critical reading \_\_\_\_\_ National percentile rank \_\_\_\_\_

SAT score math \_\_\_\_\_ National percentile rank \_\_\_\_\_

SAT score writing \_\_\_\_\_ National percentile rank \_\_\_\_\_

ACT score \_\_\_\_\_ National percentile rank \_\_\_\_\_

What is your planned major in college? \_\_\_\_\_

Have you qualified for any advanced placement? If so, list subjects and hours credited.

\_\_\_\_\_

In space provided below, please describe in 75 words or less, in your own words, and HANDWRITING, why you want to be a recipient of the Robertson County Fair Association, Inc.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Are you a member of 4-H? \_\_\_\_\_ FFA? \_\_\_\_\_ FHA? \_\_\_\_\_

Name of Club or Chapter \_\_\_\_\_

**ACTIVITIES, HONORS, AWARDS**

**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. For example, National Honor Society -1,2,3,4

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES:**

In the space below, please outline other clubs or activities in which you have participated indicating any other awards, recognition or offices held in conjunction with them. For example, Interscholastic League competition, etc.

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**COMMUNITY ACTIVITIES:**

In the space below, please outline any other activities in which you participate, indicating any special recognition you might have received. For example, church/synagogue activities or community service projects.

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**WORK ACTIVITIES: Describe your work activities.**

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**FINANCIAL INFORMATION:**

Indicate approximate cost per semester at the college/university which you will attend. Please indicate tuition, fees, books, housing, food, recreation/travel, as separate items.

Name of college/university \_\_\_\_\_

Tuition per semester hour \_\_\_\_\_ Tuition fees per semester \_\_\_\_\_

Housing per semester \_\_\_\_\_ Other fees per semester \_\_\_\_\_

Food per semester \_\_\_\_\_ Live in Dormitory yes \_\_\_\_\_ no \_\_\_\_\_

List any other miscellaneous expenses you anticipate

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Savings and cash available at start of college \_\_\_\_\_

Total amount of debts owed by applicant \_\_\_\_\_

Explain why these debts were incurred \_\_\_\_\_

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How much financial assistance can you anticipate receiving from you parents, relatives or other sources per semester: \_\_\_\_\_

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Are you applying for other scholarships or for loans? \_\_\_\_\_

If answer is "yes", please list names and amounts and indicate if you have received confirmation of any other financial assistance. Indicate status as Pending, Confirmed or rejected.

Name of Scholarship or Loan	Amount	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you desire to list any specific reasons why you need financial assistance to attend school, please state here.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

We have examined this application and find the records to be true, accurate and complete. Furthermore, all required documentation is attached.

Principal or Counselor \_\_\_\_\_ Date \_\_\_\_\_