

Scholarship Application

Application must be completely filled out, in the applicants own handwriting.
Please print neatly in ink. Your penmanship is an important part of your college/career success.
Be sure to supply all required documents.

CANDIDATE INFORMATION

Name: _____

Home Address: _____
(Street or Rural Route and Box) (City) (Zip Code)

Mailing address: _____
(if different than above) (Street or Rural Route and Box) (City) (Zip Code)

Date of Birth: _____ eMail Address: _____

Telephone: _____ Alt. Phone (optional): _____

Place of Birth _____

FAMILY INFORMATION

Parents/Guardians Name: _____

Home Address: _____
(Street or Rural Route and Box) (City) (Zip Code)

Mailing address: _____
(if different than above) (Street or Rural Route and Box) (City) (Zip Code)

Father's Occupation _____ Telephone _____ eMail _____

Mother's Occupation _____ Telephone _____ eMail _____

ACADEMIC INFORMATION

High school from which you will graduate and date: _____

Grade Point Average _____ Your class rank: _____ No. in Class: _____

(Rank should be based on your standing after the completion of the first semester or its equivalent of your senior year.)

ACT and/or SAT composite scores (proof of scores must be furnished with application):

ACT _____ Date examination was taken: _____

SAT _____ Date examination was taken: _____

COLLEGE AND CAREER PLANS

What College, University or Trade School do you plan to attend? _____

What is your planned major in college? _____

What career do you plan to pursue? _____

Why did you choose this career or area of study?

OTHER SCHOOL ACTIVITIES -NOT AGRICULTURE RELATED (clubs, student gov, athletics, etc.)

Year(s)	Event/position	Brief summary/title

OTHER COMMUNITY ACTIVITIES (clubs, church, youth groups, etc.)

Year(s)	Event/position	Brief summary/title

AWARDS/SPECIAL RECOGNITIONS FROM ANY OF THE ABOVE LISTED:

Year	Awards or special recognitions

EDUCATION PLANS

1. Institution you are planning to attend _____
2. Have you been accepted? YES NO
3. Where will you live? HOME DORM APARTMENT OTHER
4. Will you supplement your college costs through your own efforts? YES NO
5. Are you currently employed? YES NO
 If yes, where and by whom? _____
 Phone _____ Supervisor _____
 Responsibilities _____

NARRATIVE

Briefly state how this scholarship would be of benefit and your intentions upon completion of your education.

FINANCIAL RESOURCES OF CANDIDATE (NOT YOUR PARENTS)

1. Savings and cash available at start of college: _____

2. Value of all other assets available for use for school expenses:

3. Total value of scholarships already awarded or received:

\$ amount	From

4. Will you be applying for a grant-in-aid scholarship or for a student loan? _____ Yes _____ No

• Anticipated earnings during college: _____

• Amount of other funds expected: _____

Explain anticipated earnings during college and other funds expected:

5. Will you have any brothers or sisters attending college at the same time as you?

_____ Yes _____ No

If Yes, list number attending and where: _____

6. List any specific reasons why you need financial assistance:

I hereby certify that the statements contained in this application are true, accurate and complete and that I presently meet all eligibility requirements set forth in this Application. (Note: Any false statement in this Application shall constitute grounds for revocation or withdrawal of any awarded scholarship.)

If selected to receive a CCYLSRR Scholarship, I understand that I am expected to attend the scholarship meeting held during the auction meeting, to assist in the CCYLSRR Auction, to wear clothing as listed in the rules for this scholarship, to enroll in a college or university and to abide by the policies governing the CCYLSRR Scholarship Program.

The undersigned GRANTS PERMISSION to be PHOTOGRAPHED or INTERVIEWED in connection with this application or any potential award of a CCYLSRR Scholarship. The undersigned understands that any such photograph or interview may be used by the CCYLSRR Show, or their authorized representatives in television, film, visual, graphic, electronic, printed or other media. The undersigned agrees to RELEASE, INDEMNIFY, and HOLD HARMLESS the CCYLSRR Show and with respect to any and all Claims related to the usage of such photographs or interviews by the CCYLSRR Show or any other media.

The CCYLSRR Scholarship Committee Chairman will present the applications to a selected committee for review and final ranking of applicants for the CCYLSRR. Please indicate whether or not you agree to the release of your application by checking one of the boxes below.

- NO I do not agree to the release of this application to other persons for review and ranking procedures.
- YES I agree to the release of this application to other persons for review and ranking procedures.

_____ Date _____
(Candidate)

_____ Date _____
(Parent or Guardian)

(To be completed by your High School Principal, Registrar or Counselor)

**Chambers County Youth Livestock Show and Ranch Rodeo
Scholarship Application
Confidential Scholastic Record**

Applicant _____ School _____

High School _____

School address _____

Date of Graduation _____ GPA _____ Class Rank _____ Out of _____

Quartile Rank (upper 1/3, Second 1/3, Final 1/3) _____

Scores: ACT _____ SAT _____

- Please provide a copy of applicant's High School Transcript.

_____ Date: _____

Please circle: Principal, Counselor or Registrar

The Chambers County Youth Livestock Show Committee would like to express our appreciation for your time. If any further information is needed, please feel free to contact the CCYLSRR Office.

Chambers County Youth Livestock Show and Ranch Rodeo
207 A Airport Road PO BOX 40 Anahuac, TX 77514
ccyps@chamberstx.gov
409-267-2729 (Office) 409-267-4442 (Fax)