

## ARMADA AGRICULTURAL SOCIETY SCHOLARSHIP

- 1.) The scholarship will be awarded yearly to one high school graduating senior male and one high school graduating senior female.
- 2.) Financial need or grades will not be a deciding factor for this scholarship.
- 3.) The applicant MUST have been a volunteer, employee, open class exhibitor or 4-H exhibitor of the Armada Fair to apply. This would include Miss Armada and her court.
- 4.) The Armada Agricultural Society Sponsorship committee will review all applications, with the final selection being approved by the Board of Directors.
- 5.) The Armada Agricultural Society reserves the right to void any awarded scholarship if the individual submits fraudulent information or does not attend the institution of higher education stated on the application. All monies would have to be returned to the Armada Agricultural Society at the applicant's expense.
- 6.) The applicant cannot have a criminal record and must be a positive roll model to other youth.
- 7.) Applications must be postmarked no later than April 15<sup>th</sup> and may be mailed to the Armada Agricultural Society, P.O. Box 507, Armada, MI 48005 or dropped off at the Armada Fair office during normal business hours.
- 8.) The scholarship finalists may be asked to attend a private interview.
- 9.) This offer is a one-time gift.
- 10.) The scholarship check will be made out to the school of higher learning and to the scholarship recipient.
- 11.) Applicants who are attending any institution of higher learning may apply. This would include, but is not limited to trade schools, colleges or universities.

Any questions can be directed to the Armada Agricultural Society Sponsorship Committee by contacting the Armada Fair office at 586.784.5488.

**ARMADA AGRICULTURAL SOCIETY  
ACADEMIC SCHOLARSHIP APPLICATION**

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ARE YOU A U.S. CITIZEN? \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_

NAME OF COLLEGE OR INSTITUTION TO WHICH YOU HAVE BEEN ACCEPTED:

\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

\_\_\_\_\_

**Your application will be assigned a number and all application reviews will  
be completed on an anonymous basis.**

Application Number: \_\_\_\_\_ (For office use only)



- 6.) On a separate sheet of paper explain your personal goals for the future, how this scholarship might help you achieve those goals, how your education will help your community and why you think you qualify for this scholarship.
- 7.) Provide, via your high school counselor, an official transcript with this application.
- 8.) Provide a letter (s) of recommendation from a teacher, counselor, employer, community leader or school administrator. (Up to three letters will be accepted)
- 9.) If you are selected for a scholarship you will be required to provide documentation of acceptance to a post-secondary educational/technical or vocational institution.

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Applicant's Signature

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Date