



## The Windham County Agricultural Society SCHOLARSHIP APPLICATION

The Windham County Agricultural Society, Inc., has scholarships available to all students active in the Brooklyn Fair without discrimination as to race, color or creed. Applicant must be accepted at an accredited institution of higher learning for the coming year.

**Application, list of activities, essay and transcript must be sent to:**

**Brooklyn Fair Scholarship Committee  
P.O. Box 410  
Brooklyn CT 06234**

### General Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Age: \_\_\_\_\_

High School Last Attended: \_\_\_\_\_

Parents/Guardians:

Names

Occupation

Employer

1. \_\_\_\_\_

2. \_\_\_\_\_

Siblings:

Names

Living at Home

Dependent on Family

School

1. \_\_\_\_\_  Yes  No  Yes  No \_\_\_\_\_

1. \_\_\_\_\_  Yes  No  Yes  No \_\_\_\_\_

1. \_\_\_\_\_  Yes  No  Yes  No \_\_\_\_\_

**Annual Financial Need**

Estimated Cost per year of School.....\$ \_\_\_\_\_

Resources Available:

Awards received..... \$ \_\_\_\_\_

Parents Contribution..... \$ \_\_\_\_\_

Applicant's Contribution..... \$ \_\_\_\_\_

Total Resources Available ..... \$ \_\_\_\_\_

**College Information**

Name of college or University you will be attending: \_\_\_\_\_

Year Completed \_\_\_\_\_

If not yet attending, have you been accepted? Yes No

Major Field of Study \_\_\_\_\_

Degree Sought: Associates Bachelors Masters Other\_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_

In addition to your school transcript, please include a list of your activities during the school year and type an essay on your experiences working or exhibiting at the Brooklyn Fair and what you have learned from these experiences. It is also suggested that a letter of recommendation from the department superintendent be included.

I hereby apply for a scholarship from the Windham County Agricultural Society, Inc. and certify that all information on this application is true, correct and complete. I agree that if selected as the recipient of a scholarship, the funds will be used for educational purposes only. I further agree that if selected the Society may use my name in its press releases and publicity materials.

Applicant Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Department Superintendent Signature:\_\_\_\_\_ Date:\_\_\_\_\_