APPLICATION FORM

Application for the school year 2023 to 2024. Submission deadline: April 30, 2024

NOTE: All transcripts and letters of recommendation must accompany this application.

Name in Full:	First Name		Middle Initial	Last N	ame
ermanent Address:					
	Street		City/State/Zip		County
Aailing Address (<i>if diffe</i>	erent):				
		P.O. Box	City/State/Zip		Telephone
High School Name:					Junior/Senior?
ichool Address:					
	Street		City/State/Zip		County
		Email Address:			
mm/	dd/yyyy				Cell
Male / Female:		4-H or	FFA:	Club/Chapter	:
ather's Name:			Mother's Name:		
athor's Occupation:			_ Mother's Occupation: _		

List your work experience during the past four years. Indicate dates of employment, approximate number of hours worked each week, and total amount earned in that job.

Company / Position	Dates	Average Hours per Week



PERSONAL STATEMENT

(In 250 words or less, write a statement directed to the Monterey County Fair Heritage Foundation Scholarship Committee, providing information concerning your career goals, objectives, and aspirations – ie: How do you plan to use your education and life experiences in the future?) List all extracurricular activities (school and community) you participated in during the past four years, without pay (i.e. Red Cross, church, school sports, volunteer work, etc.). You may attach an additional page, if necessary.

Activity	No. of Years Participated	Special Awards/Honors

Please indicate any personal circumstances you feel may warrant special attention: ______

Are you willing to report on your progress and provide an accounting of your income and expenses at any time? Yes / No

What college or university do you plan to attend after high school?

City / State:	When?	Current GPA:

What occupation are you preparing for? _____

LETTERS OF RECOMMENDATION: Applicant must submit three (3) current letters of recommendation (*refer to guidelines and instructions*). Letters must be dated within the current school year and should be on official letterhead (*if sent from a school or business*) and signed. If mailed, the original must be included with the application (*scans will be accepted for those applications submitted online*). Remember, the persons writing the letters of recommendation for you cannot be related to you nor can they be a current MCFHF Director.

1.			
	Print Name	Occupation	
2			
	Print Name	Occupation	
3.			
	Print Name	Occupation	
Applicant's S	Signature:	Date:	