



2017
ESSEX AGRICULTURAL SOCIETY
SCHOLARSHIP APPLICATION

Name: Telephone:

Address:

(Town) (State) (Zip Code)

Email:

A. High School(s) attended in last three (3) years:

School Date:
School Date:
School Date:

B. Name of school or college for which you request scholarship:

C. Father or Guardian:

Address:

(Town) (State) (Zip Code)

D. Mother or Guardian:

Address:

(Town) (State) (Zip Code)

E. Please attach sheet explaining why you believe you are a good candidate for this scholarship.

F. Have you or your parents been involved with Topsfield Fair as a worker, a volunteer, or an exhibitor? Which Department? Number of Years? Please explain type of involvement:

G. Are you or a family member affiliated with the Essex County Farm Bureau?

H. Are you or a family member affiliated with the Essex County Fruit Growers Association?



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I. References:

Academic: Name _____
Relationship _____
Address _____
Telephone _____

Employment: Employer _____
Supervisor _____
Address _____
Telephone _____

Personal: Name _____
Address _____
Telephone _____

Please enclose your high school transcripts (including GPA and class standing) along an up-to-date resume. Well-rounded students are encouraged to apply.

Applicant's Signature: _____ **Date:** _____

PARENT'S CERTIFICATION:

We have checked this application for omissions and errors. To the best of my knowledge, the information reported on this application is complete and correct.

Parent's or Guardian's Signature: _____ **Date:** _____

Relationship to student: _____

Prior to April 1st, please email to: joy@topsfieldfair.org or postal mail to: James O'Brien, Topsfield Fair, P. O. Box 134, Topsfield, MA 01983