



2017
CHARLES E. LARNER FAMILY FOUNDATION
& 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. In about 250 words, please answer the question of the year as stated in the guidelines. Please attach on separate piece of paper to this application.

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:



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Page 2

G. References:

Academic: Name _____
Relationship _____
Address _____
Telephone _____

Employment: Name _____
Suupervisor _____
Address _____
Telephone _____

Personal: Name _____
Address _____
Telephone _____

Applicants Signature: _____ **Date:** _____

PARENT'S CERTIFICATION:

We have checked this application for omissions and errors. To the best of our 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**