2017

CITRUS COUNTY FAIR ASSOCIATION

NELL J. MAYBERRY MEMORIAL SCHOLARSHIP

FACT SHEET

The Citrus County Fair Association along with the **NELL J. MAYBERRY MEMORIAL SCHOLARSHIP FUND** will award one (1) $1,000.00 college scholarship to a graduating high school senior who is selected by the NELL J. MAYBERRY MEMORIAL SCHOLARSHIP COMMITTEE.

The purpose of this scholarship is for a graduating senior at **CITRUS HIGH SCHOOL**, (ONLY) Inverness, FL who is seeking an education in the **MEDICAL RELATED** field. (i.e.: nursing, health information management (medical coding); medical imaging, physical therapy, etc.)

The scholarship may be used at the university, community college or vocational level within 1 year of graduation from CITRUS HIGH SCHOOL.

Scholarship money is payable to the approved institution or reimbursed to the student if it is an approved expense accompanied by a paid receipt.

Please include a letter explaining your need for scholarship and your goals for education in a medical related field.

DEADLINE IS FRIDAY, APRIL 21, 2017.

SUBMIT APPLICATION TO:

NELL J. MAYBERRY MEMORIAL SCHOLARSHIP

CITRUS COUNTY FAIR ASSOCIATION

3600 South Florida

Inverness, Florida 34450

The application must be in the Fair Office on OR before 5:00 pm on Friday, April 21, 2017. No postmarked or metered mail after the deadline will be accepted. Incomplete applications will not be considered.

NELL J. MAYBERRY MEMORIAL SCHOLARSHIP FUND APPLICATION

DATE: _____

1. NAME & AGE:

NAME:_____

DATE OF BIRTH: _____

2. RESIDENCE:

HOME ADDRESS:_____

Mailing Address: _____

City: _____

Home Telephone Number: _____Cell Number_____

Email Address_____

3. CITRUS HIGH SCHOOL GRADUATE, CLASS OF _____

CUMULATIVE GPA: _____RANKED_____

4. FAMILY:

Name of Father_____

Address:_____

Living: Yes_____No_____ Occupation_____

Name of Mother: _____

Address: _____

Living: Yes_____No_____Occupation:_____

Name of Guardian:_____

Address:_____

Number of Brothers_____Number of Sisters_____

What college/vocational technical school do you plan to attend? _____

Address: _____

Have you applied for admission? _____Are you accepted? _____

PLEASE ATTACH A LETTER STATING YOUR GOALS AND YOUR FINANCIAL NEEDS:

(This letter must be signed by your parents/guardian)

Will you be receiving or will you be a candidate for any other scholarships for the next year?

Yes_____No_____ If yes, Please

Explain:_____

_____

_____

_____

_____

_____

_____

I HAVE PERSONALLY PREPARED ALL STATEMENTS MADE ON THIS APPLICATION AND THEY ARE CORRECT.

SIGNATURE OF APPLICANT: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

NOTICE: If you are selected, you must bring or mail in a copy of your acceptance and registration at an approved institution of higher education to the Fair Office. Then a check can be written.

Revised 5/2016