

2018

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 20, 2018.**

**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 20, 2018. 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.**