

**2025**  
**Citrus County Fair Association**  
**Laura DeSantis Memorial Scholarship Award**

**FACT SHEET**

The Citrus County Fair Association, will award one (1) \$1,000.00 college scholarship to a graduating high school senior who is selected by the Scholarship Committee. The purpose of the scholarship is to encourage young people to pursue a higher education who might not otherwise have an opportunity. Applicants must be participants in the Citrus County Fair to qualify.

**The application must be in the Fair Office by 5:00 pm on Friday, April 25, 2025. No postmarked or metered mail received after the deadline will be accepted. Incomplete applications will not be considered.**

1. Applicants must be a Graduating Senior.
2. The applicant must have been an Exhibitor at the Fair, in any youth category, for at least two (2) years.
3. The Scholarship must be used at an approved institution of higher education, within 1 year of graduation from high school.
4. Scholarship money payable to the approved institution or reimbursed to student if it is an approved expense accompanied with a paid receipt.
5. The award will be presented during the 2025 Citrus County Fair Annual Membership Meeting on June 16, 2025.
6. The selection committee may require a personal interview with the applicant.
7. The applicant must complete an essay. The essay must accompany the applications. The title of the essay should be ***“Why I Would Like To Win This Scholarship.”***

**SUBMIT APPLICATION TO:**

**Citrus County Fair Association**  
**Laura DeSantis Memorial Scholarship Award**  
**3600 South Florida Avenue**  
**Inverness, Florida 34450**

Date \_\_\_\_\_

**In Memory of Laura DeSantis  
SCHOLARSHIP APPLICATION**

**1. NAME & AGE:**

Name \_\_\_\_\_

Age, on January 1, of this year \_\_\_\_\_ DOB \_\_\_\_\_

**2. RESIDENCE:**

(A) Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

(B) Home Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

(C) Email address: \_\_\_\_\_

**3. SCHOOL:**

Date of Graduation \_\_\_\_\_

Name of High School \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Ranked \_\_\_\_\_ Class of \_\_\_\_\_

**4. FAMILY:**

(A) Name of Father \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Living: Yes \_\_\_\_\_ No \_\_\_\_\_ Occupation \_\_\_\_\_

(A) Name of Mother \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Living: Yes \_\_\_\_\_ No \_\_\_\_\_ Occupation \_\_\_\_\_

(C) Name of Guardian (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

(D) Number of Brothers \_\_\_\_\_ Number of Sisters \_\_\_\_\_

5. What college do you plan to attend? \_\_\_\_\_

6. Have you applied for admission? \_\_\_\_\_ If so, are you accepted? \_\_\_\_\_

7. Describe why you are interested in pursuing a college education. \_\_\_\_\_

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**8. FINANCIAL NEEDS:**

**(A) Statement by Applicant:** \_\_\_\_\_

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**(B) Statement of Parent / Guardian:** \_\_\_\_\_

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(C) List anticipated college cost for the next year: Tuition Fees \$ \_\_\_\_\_ Board \$ \_\_\_\_\_  
Lab Fees \$ \_\_\_\_\_ Books \$ \_\_\_\_\_ Room \$ \_\_\_\_\_ Personal Expenses \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

(D) Will you have any brothers or sisters attending college during the next year? Yes \_\_\_ No \_\_\_  
If yes, explain:

(E) Will you be receiving or will you be a candidate for any other scholarship for the next year?  
Yes \_\_\_ No \_\_\_ If yes, explain:

**9. OTHER SCHOOL OR COMMUNITY ACTIVITIES SHOWING LEADERSHIP OR PARTICIPATION.**

(A) School: \_\_\_\_\_

(B) Church: \_\_\_\_\_

(C) Other Youth Groups: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(D) Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: Please attach an essay (300 words or less) entitled  
“Why I Would Like to Win This Scholarship.”**

Please list below three personal references:

1. \_\_\_\_\_  
NAME ADDRESS PHONE

2. \_\_\_\_\_  
NAME ADDRESS PHONE

3. \_\_\_\_\_  
NAME ADDRESS PHONE

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

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

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 the school will  
be mailed a check or reimbursement to you with paid receipts for approved expenses.**