Mark Stap Memorial Scholarship

Requirements:
Be a High School Senior, minimum of 5 years at Youth Fair, one of them being a Teen leader, Teen management or Teen Superintendent.

Funds:
The scholarship awarded will be up to $200. Funds will be available after providing proof of enrollment and transcript.

Selection:
Selection of the Mark Stap Memorial Scholarship recipient will be based on Scholastic excellence in School, demonstrated leadership, citizenship, financial need and participation in the Whatcom County Youth Fair activities. A selection committee will consider all complete applications received prior to the scholarship deadline, and will announce the winners at the Whatcom County Youth Fair Awards Ceremony. The winner need not be preset to receive this award.   An applicant can receive only one Mark Stap Memorial Scholarship.

Application Procedure:
1. Obtain application forms and information from WCYF Management.
2. Complete the application in detail and forward it, a recent photo of you and **three letters of recommendation** to the address listed below before the application deadline.
3. All applicants must complete the application on the original scholarship form. If the applicant wants to give extra information, an addendum may be attached. (Please limit this to 500 words or less.)
4. Application deadline: Application must be postmarked no later than April 1 of the current year.   Please mail completed applications to:

Whatcom County Youth Fair
Amanda Stidham, Fair Manager
9223 Stadsvold Road
Blaine, WA 98230

5. Scholarship winners will be announced at the closing ceremonies of the WCYF.

6. Award winners must submit college enrollment and transcript after first quarter to receive scholarship money.

Whatcom County Youth Fair --- Mark Stap Memorial Scholarship

Personal Information:		
Name:		
Address:		
City:	**State:**	**Zip:**
Phone Number:	**Email:**	
Age:	**DOB:**	**Gender: Male or Female**

High School	
Name of High School:	Date of High school graduation: GPA:
Address of High School:	

College Information	
Name of College you are or plan to attend:	
Major:	Minor:
Address of College:	

Family Information	
Mother's Name:	Mother's occupation:
Father's Name:	Father's occupation:
Parents Address:	
# of Children in Family	

Record of 4-H and/or FFA

4-H Club Name: number of years enrolled _____

FFA Chapter: number of years enrolled _____

Project Types:

_____

_____

_____

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_____

Offices held, special honors, and awards or activities you participated in in 4-H and/or
    FFA.

_____

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Explain your leadership roles or citizenship activities in 4-H or FFA:

_____

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Record of Involvement in the Whatcom County Youth Fair:

Number of Years participated in the Youth Fair:_____

Whatcom County Youth Fair Divisions participated in:

_____   _____

_____   _____

_____   _____

How have you benefited from attending Youth Fair? _____

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Describe your teen leader experience: _____

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Record of Agricultural Association Activities:

Name of Organization:_____# years_____

Name of Organization:_____# years_____

Name of Organization:_____# years_____

Name of Organization:_____# years_____

Recognition received as a member of said organization: _____

_____

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_____

Leadership and citizenship activities as a member of this group: _____

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Summarize your other interests and activities (music, hobbies, athletics, church work, high school,etc.

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State your reasons for your decision to study the field you have chosen in college:

_____

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Why do you need this scholarship? _____

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Other Scholarship information: Please list all other grants and scholarships for which you have applied:

Name of Grant Scholarship	Amount	Received Yes or No
_____	$ _____	_____
_____	$ _____	_____
_____	$ _____	_____

Tell us a little about yourself: _____

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Approval of this application is given by:

_____ Signature of Applicant	_____ Date
_____ Signature of Parent/Guardian	_____ Date
_____ Signature of High School Principal, Counselor, or College Advisor	_____ Date
_____ Signature of Ag instructor or 4-H club leader or mentor	_____ Date
WCYF OFFICE ONLY BELOW THIS POINT	
Date Received: _____ Received By: _____	
Application complete Yes or No	
Scholarship committee comments:	
Awarded Scholarship: Yes or No Awarded Amount: $_____	

Member vote for approval: **Y | N**	Signature:	Printed Name:
Member vote for approval: **Y | N**	Signature:	Printed Name:
Member vote for approval: **Y | N**	Signature:	Printed Name:

Member vote for approval: **Y | N**	Signature:	Printed Name:
Member vote for approval: **Y | N**	Signature:	Printed Name:
Member vote for approval: **Y | N**	Signature:	Printed Name:
Manager Approval Y|N	Manager Signature:	Check #:
Date Received:	Date Approved:	Date of check:
Transcript Received: Y |N		Check #