

Mahoning County Youth Ag Association

Memorial Scholarship

In Memory of Richard Dean

Richard left us suddenly in 2019, leaving his family and the Poultry Club feeling his loss. He could always be found at the Poultry Sale at the Canfield Fair, waving his buyers number high in support of kids selling their poultry in Mahoning County. Our hope is that Richard will continue to touch the lives of the Mahoning County Junior Fair Poultry members through this scholarship.

The recipient of this scholarship may not be the best academic scholar, but a youth that has given 100% effort to be the best. One scholarship will be awarded yearly to a Poultry Club member. Applicants must complete the following to qualify:

1. Applicant must currently be or have been an active participant in the Mahoning County Poultry Club within one year of application.
2. Applicant must be a graduated senior, or a college student currently enrolled in a college or technical school pursuing a college degree with a GPA of at least 2.5.
3. Applicant must have a sincere commitment to pursuing furthering their education by attending college, technical school, or school of trade but not limited to an agricultural career.
4. A photo of the applicant should be attached to the photo sheet included with the application.
5. Scholarship payment should be used solely for tuition fees and/or books or school supplies.
6. The scholarship recipients will be chosen by a Scholarship Committee which will consist of a panel of judges selected by the Dean Family and the Mahoning County Poultry Committee.
7. Applicants may receive this scholarship only one time. Any individual not receiving the scholarship may apply a second time.
8. Applications must be typed or printed on the forms provided.
9. Payment will be made directly to recipient upon proof of enrollment in tech school/college/university if awarded scholarship.

Please submit the following information to the Mahoning County Poultry Club by Entry Day of the Canfield Fair of the year applying for the scholarship.

1. Completed application
2. Certified copy of high school/college transcripts verifying a minimum GPA of 2.5
3. Letter of reference (cannot be written by a relative or a member of the scholarship committee).

RICHARD DEAN MEMORIAL SCHOLARSHIP

NAME OF APPLICANT _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____ PHONE NUMBER _____

DATE EXPECTED TO ENTER POST HIGH SCHOOL PROGRAM _____

NAME OF POST HIGH SCHOOL EDUCATION FACILITY _____

ADDRESS _____

DATE OF EXPECTED POST HIGH SCHOOL GRADUATION _____

FAMILY INFORMATION

FATHER'S NAME _____ OCCUPATION _____

ADDRESS _____

MOTHER'S NAME _____ OCCUPATION _____

ADDRESS _____

GUARDIAN'S NAME _____ OCCUPATION _____

ADDRESS _____

TOTAL NUMBER OF BROTHERS & SISTERS: _____

NAMES

AGE

MAHONING COUNTY POULTRY CLUB PARTICIPATION

NUMBER OF YEARS INVOLVED IN THE **POULTRY CLUB**: _____

LIST EVENTS:

LIST AWARDS/ACCOMPLISHMENTS:

OTHER JUNIOR FAIR PARTICIPATION

PLEASE LIST AND/OR WRITE A BRIEF SUMMARY OF OTHER ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED IN THE JUNIOR FAIR.

COMMUNITY INVOLVEMENTS

LIST AND/OR WRITE A BRIEF SUMMARY OF OTHER YOUTH ORGANIZATIONS IN WHICH YOU HAVE BEEN INVOLVED, LEADERSHIP ROLES AND MAJOR ACCOMPLISHMENTS AND/OR HONORS RECEIVED.

DESCRIBE WHY YOU ARE INTERESTED IN COMTNING YOUR EDUCATION.

FIELD YOU INTEND ON PURSUING OR AREA OF STUDY?

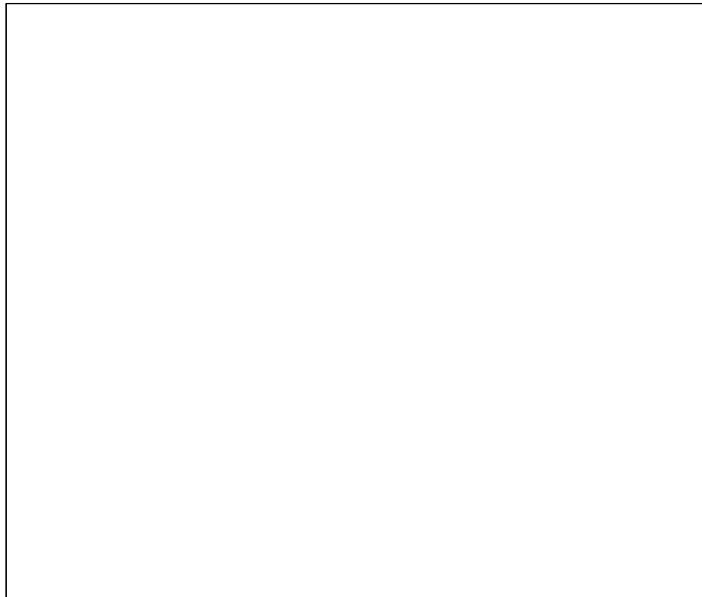
OUTLINE YOUR REASONS FOR CHOOSING THIS FIELD.

PICTURE OF APPLICANT

APPLICANT'S NAME: _____

ADDRESS: _____

TOWNSHIP: _____



FINANCIAL REPORT

COMBINED ADJUSTED GROSS INCOME LEVEL OF PARENTS/GUARDIANS (PLEASE CHECK ONE):

BELOW \$5,000-\$10,000 _____ \$11,000-\$20,000 _____

\$21,000-\$25,000 _____ \$26,000-\$35,000 _____ \$36,000-\$45,000 _____

\$45,000 OR MORE _____

AMOUNT OF FINANCIAL SUPPORT YOU EXPECT FROM YOUR FAMILY: _____

WORK EXPERIENCE OF APPLICANT – POSITIONS HELD, WHERE, WHEN, ESTIMATED INCOME:

LIST OTHER LOANS, GRANTS, AND/OR SCHOLARSHIPS YOU HAVE APPLIED FOR AND/OR RECEIVED FOR YOUR EDUCATION:

WILL ANY OTHER MEMBER OF YOUR IMMEDIATE FAMILY BE ATTENDING COLLEGE OR FURTHERING THEIR EDUCATION? IF YES, LIST BELOW:

LIST BELOW ANY OTHER CIRCUMSTANCES WHICH SHOULD BE CONSIDERED IN DETERMINING FINANCIAL NEED.

I understand that this application must be submitted as specified in the guidelines or eligibility for this scholarship may be forfeited. I have personally prepared this application and believe it to be true and correct. I fully understand that in accepting this scholarship, it is my intention to continue my education in a post high school curriculum.

SIGNATURE: _____ DATE:

I, _____ parent or guardian, approve this application.

COUNSELOR FORM

APPLICANT'S NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLEASE ASSIST THE APPLICANT BY FOLLOWING THE DIRECTIONS BELOW:

ATTACH A TRANSCRIPT OF GRADES FROM THE PREVIOUS AND CURRENT YEAR TO THE APPLICATION.

LIST THE APPLICANT'S RESULTS OF SCHOLASTIC APTITUDE AS INDICATED BY STANDARDIZED TEST SCORES, IF KNOWN.

TEST: _____ SCORE: _____

TEST: _____ SCORE: _____

STUDENT'S GPA: _____ CLASS RANK (IF KNOWN) _____

EXPECTED DATE OF HIGH SCHOOL GRADUATION: _____

COUNSELOR'S SIGNATURE: _____

DATE: _____