

STATE FAIR PARTICIPATION (40 POINTS), PLEASE COMPLETE ALL THAT APPLY!

A. Please complete if you showed in any junior livestock shows, i.e. market animals or junior purebred animals.

PLEASE LIST THE BREED(S) OF ANIMAL(S) SHOWN IN THE JUNIOR SHOW :

2009	
2008	
2007	
2006	
2005	
2004	

Additional years and types of animals shown _____

LIST THE BREED(S) OF ANIMAL(S) SHOWN IN THE OPEN SHOW:

2009	
2008	
2007	
2006	
2005	
2004	

Additional years and types of animals shown _____

B. Please complete if you participated in any equine events.

LIST THE BREED(S) OF ANIMAL(S) SHOWN IN THE OPEN HORSE SHOW OR THE JUNIOR HORSE & PONY SHOW:

	Open Horse Show	Junior Horse & Pony	Both
2009	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2008	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2007	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional years and types of animals shown _____

C. Please complete if you exhibited in the Cecil Underwood Youth Building.

LIST THE TYPES OF EXHIBITS SHOWN IN THE FAIR'S 4-H/FFA YOUTH PROGRAM:

2009	
2008	
2007	
2006	
2005	
2004	

LIST THE YEARS AND DESCRIBE YOUR VOLUNTEER ACTIVITIES IN THE YOUTH CENTER AT THE STATE FAIR:

NUMBER OF YEARS ENROLLED IN 4-H: _____

NUMBER OF YEARS ENROLLED IN FFA: _____

SCHOLASTIC (20 POINTS)

Scholastic achievement will be evaluated based on A.C.T. and S.A.T. scores, plus, high school and college transcripts.
(If transcripts are mailed separately, they must be postmarked by the March 13, 2009 deadline.)

EXTRA CURRICULAR ACTIVITIES, REFERENCES AND STORY (10 POINTS)

Honors and Awards (state nature of honor or award):

A. _____ C. _____
B. _____ D. _____
E. _____ F. _____

Offices and positions of leadership (state name of organization, position, and year):

A. _____ D. _____
B. _____ E. _____
C. _____ F. _____

Member of organization where no office was held (state name or organization, year, and only major activities):

A. _____ D. _____
B. _____ E. _____
C. _____ F. _____

FINANCIAL NEED (30 POINTS)

This information will remain confidential, and will only be reviewed by the independent accountant selected to evaluate this portion of the application. This form must be postmarked no later than March 13, 2010.

You are a dependent student if you are under 24 years of age and do not meet any of the following criteria: (1) a ward of the court (2) married and living away from your parents; (3) have not been claimed by your parents for tax purposes for two consecutive years and have earned at least \$4000 in each of those two years; or (4) served in the military.

If you are a dependent student, please have your parents complete this form using information from this year's Income Tax Return. If you are independent, information about you and your spouse (if applicable) must be included. You do not need to supply information from your parents.

- I am dependent. (Complete both columns, A and B)
- I am independent. (Complete student column only, B)

	A	B
1. Annual adjusted gross income	\$ _____	
2. Annual income earned from work by	Father \$ _____	Student \$ _____
	Mother \$ _____	Students \$ _____
3. Untaxed income/benefits (AFDC, ADC, SSI, etc.)	<u>Parent(s)</u>	<u>Student</u>
	List source of benefit _____ \$ _____	\$ _____
4. Cash, savings, stocks, bond, CD's etc. (exclude retirement fund, i.e. IRA)	\$ _____	\$ _____

5. List other sources of financial aid and amounts (including scholarships, loans, etc.) which you have been awarded:

6. Total number in household: _____ Total number of children attending college this fall: _____

7. On a separate sheet, please elaborate on any extenuating circumstances resulting in a significant change in income since your last return. Examples: parents retired this year, parents lost job, other siblings in school, terminal illness, accident, death of family member, financial loss, family care responsibility (such as for grandparent or disabled relative) etc.

Father's Occupation _____ Applicant's Occupation _____

Mother's Occupation _____ Spouse's Occupation _____

Parent's current marital status: ___single ___married ___separated ___divorced ___widowed

Applicant's current marital status: ___single ___married ___separated ___divorced ___widowed

Certification: I (we) certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of the State Fair of West Virginia Scholarship Program, I (we) agree to give documentation for information given on this form. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving any aid.

Applicant Signature _____ Date _____

Parent or Spouse's Signature _____ Date _____