## Florida Peanut Producers Association Scholarship Awards Program OPEN APRIL, 2020

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Completely fill all spaces with information requested or indicate if information is not available or applicable. Please print in ink or type.

I understand and agree:

1. This application and all supporting documentation are true and has been assembled by me and mailed under single cover to the address indicated and will be postmarked no later than **July 1, 2020**.

FPPA Scholarship Award Committee 2741 Penn Avenue, Suite 1 Marianna, FL 32448

- 2. I am a graduate from high school this year (2018) and /or am attending college at the present time and am applying for the FPPA Scholarship Award by submitting the information called for below:
- a. A transcript of all high school (10,11,12) academic grades, attested by a high school principal, including rank in class and any standardized test scores and/or college transcripts.
- b. One letter addressed to the Awards Committee from a prominent citizen, other than an elected or appointed public official, making statements as to my citizenship qualities.
- c. A typewritten essay, not more than 500 words, on the subject: Why I want to go to college? Note: Essay should include plans or arrangements already made about college.
  - d. A summary of my personal agricultural experiences. (If any)

I CERTIFY THAT I am or someone	in my family is a	an "active" (farming)	peanut grower in
Florida			

DATE	SIGNATURE
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ERBIRTH I  fferent) OF PARENTS	
/	
COUNTY	
ADDRESS	
OF HIGH SCHOOL:	
ents and activities while in high scl	
Date Basis fo	r Selection
Position(s) of Responsibility Date	Activities Responsibility
	ADDRESS

III. NAME AND ADDRES	SS OF COMMUNITY COLLEGE OI	R UNIVERSITY:
	ements and activities while in a colleg	
1. COLLEGE AND UN	VIVERSITY SCHOLASTIC ACHIEV	VEMENTS
Scholastic Achievements, Honors and Awards		or Selection
2. COLLEGE AND UN (organizations, clubs, frater	IVERSITY EXTRACURRICULAR nities, etc.)	
Extracurricular Activity  Date	Position(s) of Responsibility Date	Activities & Responsibilities

I CERTIFY THAT all information given on best of my knowledge.	this application is true, correct and complete to the
Date:	_Signature: