Florida Peanut Producers Association Scholarship Awards Program OPEN APRIL 1, 2017

Instructions:

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. It is the intent of the FPPA Scholarship Award Committee that the recipient of this award attend a Florida community college or four-year university.

2. 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, 2017.**

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

3. I am a graduate from high school this year (2017) 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: <u>Why I want to go to college?</u> 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 an "active" (farming) peanut grower in Florida.

DATE_____ SIGNATURE_____

PRINCIPAL OR COUNSELOR'S SIGNATURE_____

APPLICATION

I. NAME			
SOCIAL SECURITY NU	MBER	BIRTH	DATE
ADDRESS			
PHONE	CO	OUNTY	
LOCAL NEWSPAPER A	AND ADDRESS		
II. NAME AND ADDRE	ESS OF HIGH SCH	00L:	
A. Summarize your achie necessary)1. SCHOLASTIC AC		-	nool: (add an extra sheet if RDS.
Scholastic Achievements, Honors and Awards	•	Basis fo	r Selection
2. HIGH SCHOOL E. (include organizati	XTRACURRICULA ons, clubs, church, o		
Extracurricular	Position(s) of	Responsibility	Activities

Extracurric	ular	Position(s) of Responsibility	Activities
Activity	Date	Date	Responsibility
-			

III. NAME AND ADDRESS OF COMMUNITY COLLEGE OR UNIVERSITY:

Y SCHOLASTIC ACHIEVEMENTS Basis for Selection	
Basis for Selection	
EXTRACURRICULAR ACTIVITIES	
n(s) of Responsibility Activities & Responsibilities	
	n(s) of Responsibility Activities &

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

Date:Signature:	
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