

ARKANSAS FAIR MANAGERS ASSOCIATION

ASSOCIATE SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____ Phone _____

APPLICANT MUST BE REFERRED BY AN AFMA ASSOCIATE MEMBER

ASSOCIATE WHO REFERRED YOU _____

Your relationship to Associate Member _____

Your connection to the Carnival or Fair Industry _____

Briefly describe your reasons for desiring a college education, including your career plans. Also, attach an essay of 250 words or more on a subject of your choice.

Name and grade level of current school _____

In what City and State? _____

Extra Curricular Activities _____

GPA _____

PLEASE ATTACH LATEST GRADES, ACT SCORE, AND A PHOTOGRAPH

AFMA ASSOCIATE SCHOLARSHIP GUIDELINES

1. This scholarship is in the amount of \$500 for one year to be paid to the student upon notification to the scholarship chairman of enrollment in an accredited school.
2. It will be the decision of the scholarship committee to decide whether to award the scholarship, or not to award the scholarship, from the submitted applicants.
3. This scholarship is open to both male and female students in good standing.
4. ACT score of 20 or higher is desirable.
5. Evidence of industry, sincerity, concern and care for others will be weighed by the committee upon receipt of verbal or written recommendations.
6. Financial need will be considered.
7. The associates wish to select someone who is hardworking and willing to make him/herself better.
8. The recipient should possess perseverance that shows that a college education will be completed.
9. The attached application and recommendation form may be duplicated to meet demands. It should be filled out and returned to the committee.
10. Deadline for application will be March 15th of each year.
11. A grade point average of approximately "B" is strongly recommended but not a requirement.

Mail completed application to: AFMA / Assoc. Scholarship App, 10757 State Hwy 54 E, Star City, AR 71667