Application Form For
ROBERTSON COUNTY FAIR ASSOCIATION, INC. SCHOLARSHIP
Due to James McCullough

BY HAND DELIVERY

to physical address: 307 N. Center Street, Franklin Texas
to be RECEIVED by Monday, April 13, 2026 at 4:30 p.m. CDT

RCFA plans to award Scholarships for graduating seniors who will attend institutes of higher learning after high school and have participated in the RCFA.

Scholarship recipients are selected by the Scholarship Committee of the RCFA.

THE APPLICATION MUST INCLUDE YOUR TRANSCRIPT

AND ALL SIGNATURES

DO NOT WAIT UNTIL THE LAST MINUTE

NEW — ATTACH A PHOTO OF APPLICANT TO UPPER RIGHT OF PAGE 2
OR
INCLUDE PHOTO AS A SEPARATE PAGE

Application Form For ROBERTSON COUNTY FAIR ASSOCIATION, INC. SCHOLARSHIP

ATTACH PHOTO HERE

Due to Jimmie McCullough at physical address:
307 N. Center Street, Franklin Texas

to be RECEIVED by Monday, April 13, 2026 at 4:30 p.m.

You may attach additional sheets if there is inadequate room on the form
(please print or type all information) (except page 4 of 8)

FAMILY INFORMATION: Date: _____

Full Name of Applicant _____M or F
(circle one)

Name you prefer to be called_____

Email address: _____

Street Address_____

City _____, Zip Code _____

Home Phone (_____) _____- _____ Cell Phone (____) _____- _____

Social Security Number _____ - _____ - _____

Date of Birth _____ Age _____

Father's Name _____ Age _____Phone _____

Father's Occupation_____

Place of Employment_____

College Attended _____ Years _____ Degree _____
(yes or no)

Mother's Name _____ Age _____Phone _____

Mother's Occupation_____

Place of Employment_____

College Attended _____ Years _____ Degree _____
(yes or no)

Ages of Brothers _____ of Sisters _____

Number of siblings in college now _____

ACADEMIC INFORMATION:

Name of High School _____

City _____ Phone _____

Date of Anticipated Graduation _____

Number in your graduating class _____ Your rank _____

Are you Class Valedictorian? _____ Salutatorian? _____

Your scholastic average for four years _____
(If scholastic average is not a numerical percent (98.6%), please express it including scale [ex. 3.87 on 4.0 scale] Student's transcript should verify basis for grading system with numerical equivalents/ranges indicated)

ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT

Were you in honors or advanced classes? _____
If answer is "yes", please list these courses in space provided:
_____

_____
List institutions you plan to attend by order of your choices and describe whether you have been accepted.

First choice: _____

Second choice: _____

Third choice: _____

SAT score critical reading _____ National percentile rank _____

SAT score math _____ National percentile rank _____

SAT score writing _____ National percentile rank _____

ACT score _____ National percentile rank _____

What is your planned major in college? _____

Have you qualified for any advanced placement? If so, list subjects and hours credited.

_____

In space provided below, please describe in 75 words or less, in your own words, and HANDWRITING, why you want to be a recipient of the Robertson County Fair Association, Inc. Scholarship, and any other abilities you have that were not previously mentioned in this form. If you cannot complete in your handwriting and scanned, you may type as well.

Are you a member of 4-H? _____ FFA? _____ FHA? _____

Name of Club or Chapter _____

ACTIVITIES, HONORS, AWARDS
High School
In the spaces below, list any offices held or awards received in high school. If a repetitive award or recognition, please indicate years achieved. For example, National Honor Society -1,2,3,4

1._____

2._____

3._____

4._____

5._____

6._____

7._____

8._____

9._____

10._____

11._____

12._____

EXTRACURRICULAR ACTIVITIES:
In the space below, please outline other clubs or activities in which you have participated indicating any other awards, recognition or offices held in conjunction with them. For example, Interscholastic League competition, etc.

_____

_____

_____

_____

COMMUNITY ACTIVITIES:
In the space below, please outline any other activities in which you participate, indicating any special recognition you might have received. For example, church/synagogue activities or community service projects.

_____

_____

_____

_____

_____

WORK ACTIVITIES: Describe your work activities.

_____

_____

_____

_____

FINANCIAL INFORMATION:

Indicate approximate cost per semester at the college/university which you will attend. Please indicate tuition, fees, books, housing, food, recreation/travel, as separate items.

Name of
college/university_____

Tuition per semester hour _____ Tuition fees per semester_____

Housing per semester _____ Other fees per semester_____

Food per semester _____ Live in Dormitory yes ____ no___

List any other miscellaneous expenses you anticipate
_____

_____

Savings and cash available at start of college _____

Total amount of debts owed by applicant _____

Explain why these debts were incurred_____

_____

_____

How much financial assistance can you anticipate receiving from you parents, relatives or other sources per semester:

_____

_____

_____

Are you applying for other scholarships or for loans? _____

If answer is "yes", please list names and amounts and indicate if you have received confirmation of any other financial assistance. Indicate status as Pending, Confirmed or rejected.

Name of Scholarship or Loan	Amount	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you desire to list any specific reasons why you need financial assistance to attend school, please state here.

_____

_____

_____

RCFA PARTICIPATION: List all RCFA Participation with dates.

I hereby certify that the statements contained in this application are true, accurate and complete and **I HAVE ATTACHED A TRUE, ACCURATE, COMPLETE AND CORRECT COPY OF MY TRANSCRIPT, OR I HAVE SUBMITTED A COPY BY EMAIL.**

Signature of Applicant _____ Date _____

CERTIFICATE OF APPLICATION:

We have examined this application and find the records to be true, accurate and complete. Furthermore, all required documentation is attached.

Parent or Guardian_____ Date _____

Principal or Counselor _____ Date _____