

# Delaware County Agricultural Society

Scholarship Participation Form (to be filled out by Advisor)

Applicant's Name \_\_\_\_\_

Advisor's Name \_\_\_\_\_

Club Name \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Current Club Member

\_\_\_\_\_ Active for 3 or more years

\_\_\_\_\_ Current or Past Officer

\_\_\_\_\_ Camp Counselor (4-H)

\_\_\_\_\_ Qualifying Event State Contestant (FFA)

\_\_\_\_\_ Jr. Fair Board Member

\_\_\_\_\_ Number of years

\_\_\_\_\_ Officer (if checked indicate office held)

Advisor's Signature \_\_\_\_\_