2023 H. Burl Scoggins Memorial Scholarship Application

(For College or Vocational Training)

| Name | | | | Age | Sex | |
|----------------------|--|---------------|---------------------------------------|--------------------------|--------------------------------|--|
| Address | | | | | | |
| Stre | et, P.O. Box, etc. | | | | | |
| City | State | Zip | County | | | |
| Phone | | • | • | | Evenir | |
| Parents Name | | | | | | |
| | | | Occupa | | | |
| Number of C | | | | | | |
| Anticipated I | | | | | | |
| Name of High School | | | | 77 00 1 1 | | |
| Cumulative (| Grade Point Average | | | | | |
| | h a copy of your high so you be selected to receive | | pt. hip? (Include financial need o | or special family circun | nstances.) | |
| Please tell us | about your involvement | in School, Co | mmunity and Church Activit | | d additional page if necessary | |
| | Club, Group or Activity | Ma | jor Office, Committees, or Re | esponsibilities Awards | s or Recognition Received | |
| School | Ex. Spanish Club | " | sident | Outstar | nding Spanish Student Award | |
| | | | | | | |
| Community/ Church | Ex. Boy Scouts | In Cha | rge of Weekend Camping | Trip | Eagle Scout Award | |
| | | | | | | |
| Have you ev | er entered anything in the | Fair? | | | | |
| Signature of | Parent | | Signature of Applicant | | | |

Return completed application plus transcript from High School to North Georgia Fair, Inc. P.O. Box 1606, Dalton, GA 30722-1606 or e-mail to ngafair@optilink.us by Wednesday, October 4, 2023. (must be postmarked by October 4th)

The winner of the scholarship will need to submit a photograph to be used for publicity and included in next year's Fair Book.