



# Summer FAIR

## Scholarship Application Form

### Application Due June 9, 2017

Student Name \_\_\_\_\_

Age \_\_\_\_\_ Grade (fall '17) \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

**FAIR Scholarships are needs based. All data will be kept strictly confidential.**

Child lives with: \_\_\_\_\_ two parents \_\_\_\_\_ one parent \_\_\_\_\_ guardian/foster care \_\_\_\_\_ other

Parent/Guardian Employer(s) \_\_\_\_\_

Total in household \_\_\_\_\_ Number of children \_\_\_\_\_ Ages of children \_\_\_\_\_

Please indicate whether your child receives free or reduced price school lunch:

Free Lunch \_\_\_\_\_ Reduced Lunch \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to volunteer in order to offset the cost of Summer FAIR? \_\_\_\_yes \_\_\_\_no

Total amount that you can contribute: \$ \_\_\_\_\_ (partial scholarships available)

Total amount REQUESTED PER SCHOLARSHIP: \$ \_\_\_\_\_ (one application per student please)

Please state why you would like a scholarship for your child and what you hope your child will gain through Summer FAIR. (Use separate sheet if necessary)

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I understand that each application is carefully considered on a case-by-case basis. There is no guarantee of approval for assistance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail this form, **along with a completed Summer FAIR registration form**, to:  
FAIR Scholarship Committee, PO Box 988, Lexington, VA 24450

Questions: please email: [summerfairdirector@fairva.org](mailto:summerfairdirector@fairva.org)  
Candidates will be notified by phone or email by June 16th.