

New York State Association of Agricultural Fairs
and
New York State Showpeople's Association

Scholarship Acceptance Form

I, _____, acknowledge the awarding of the
Printed Name

NYSAAF/NYSSPA Scholarship in the amount of \$1,000 for the year 2019.
I certify that I will fulfill the requirements of the scholarship by submitting a transcript of my semester grades for the Fall of 2019 to the co-chairperson listed below no later than January 7, 2020. I understand that my \$1,000 award will be mailed to me after the transcript is received by the chairperson.

In the Fall of 2019, I will be attending _____
Name of College/University

Student's Mailing Address: _____

Student's Phone Number _____

Student's Email Address _____

Scholarship Winner's Signature Date

OR

I, _____, will not be able to accept the
Printed Name

NYSAAF/NYSSPA Scholarship, as my college plans have changed and I will not be able to meet the requirements of the scholarship.

Scholarship Winner's Signature Date

Please complete and return this form by the first Friday in September 2019, to:
Todd LaPage
NYSAAF Scholarship Committee Co-Chairperson
E-mail address Tlapage@bmcsd.org
Mail address PO box 338, Moira, ny 12957