

SCOTT KECK MEMORIAL SCHOLARSHIP

Scott Keck was a life-time supporter of the Henry County Fair and in his memory, the following scholarship(s) will be awarded.

2025-2026 Scholarship Guidelines

1. A \$500 scholarship will be awarded to the top 2 recipients of this scholarship
2. Applicant must be a Henry County resident.
3. Applicant must have exhibited at the Henry County Fair between their junior and senior year of high school (2025 fair).
4. Applicant must be a high school senior during the 2025-2026 school year and have a GPA of 3.0 or better (if applicable). Home schooled students are eligible and must have documentation of classes taken along with grades received.
5. Applicant must be a current member of a 4-H club or FFA chapter.
6. Applicants must complete the attached application form and submit three (3) letters of recommendation. One of the letters must be from a 4-H project leader or FFA advisor.
7. The scholarship will not be based on financial need.
8. The scholarship recipient(s) must plan to continue their education at an approved institution of higher education beginning in the Fall of 2026. This institution may include: an accredited 4-year college or university, jr. college or trade school.
9. The recipient(s) of the Scott Keck Scholarship will be announced during the Farmer Appreciation Dinner in August. All applicants will be notified by mail by August 1, 2026 regarding the judges' decision.
10. The scholarship(s) will be made payable by September 30, 2026. To redeem the scholarship, recipients must provide the Henry County Fair Board with proof of enrollment. Funds for the scholarship will be sent directly to the institution of enrollment.
11. Scholarship applications must be received by the Henry County Fair Board at 1005 E. Sedalia Ave., Clinton, Missouri 64735 by April 30, 2026. You may get a PDF or Word version of this application at <https://extension.missouri.edu/counties/henry/4-h> under Forms
The scholarship application must be typed or written neatly.

Scott Keck Memorial Scholarship Application

Incomplete applications cannot be considered

Student Name: _____

Home Address: _____

City: _____ State: MO Zip: _____

Daytime Phone: _____ Evening Phone: _____

Age: _____ Date of Birth: _____

Parent or Legal Guardian Name(s): _____

University, College or Trade School you plan to attend: _____

Address: _____

City: _____ State: _____ ZIP: _____

Planned Major/Field of Study; _____

Scholastic Record (To Be Completed By High School Guidance Department)

High School: _____

Address: _____

City: _____ State: MO Zip: _____

Class Ranking: _____ Number of Graduating Seniors: _____

GPA of ____ on a scale of ____ (prefer 4.0 scale) ACT Score: _____

School Official's Name, Title (Please print) _____

School Official's Signature: _____

School Official's Daytime Work Number: _____

PLEASE ATTACH COPY OF STUDENT'S TRANSCRIPT

Home Schooled Applicants (If Applicable)

ACT Score: _____

**PLEASE ATTACH A LIST OF ALL HIGH SCHOOL COURSES
TAKEN AND GRADES RECEIVED**

