



# *Florida Federation of Fairs Scholarship Application Form*

*Due April 1st*

*For Florida Participants in the Institute of  
Fair Management*

Name: \_\_\_\_\_

Fair/Organization: \_\_\_\_\_

PLEASE NOTE: Must be a Florida resident involved with a Florida Fair or a Federation Associate member that is interested in pursuing this certification.

Preferred Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Preferred E-Mail Address: \_\_\_\_\_

Current position with fair/organization:

- |  |  |
|--|--|
| <input type="checkbox"/> CEO/Manager (paid full time)  | <input type="checkbox"/> CEO/Manager (paid part-time <u>or</u> volunteer)  |
| <input type="checkbox"/> Staff member (paid full time) | <input type="checkbox"/> Staff member (paid part-time <u>or</u> volunteer) |
| <input type="checkbox"/> Board member                  | <input type="checkbox"/> Other (Associate member, etc.) _____              |

How long have you been in your current position with the fair/organization? \_\_\_\_\_

Annual Fair Attendance: \_\_\_\_\_ Total Annual Revenues: \$ \_\_\_\_\_

Is the fair/organization paying all or some portion of the expenses of your participation in the IAFE Institute of Fair Management?

- \_\_\_\_\_ Yes    If yes:  100% (registration/travel)  Registration only  Travel only  
 Other \_\_\_\_\_  
\_\_\_\_\_ No

Are you currently enrolled in the Institute of Fair Management program? \_\_\_yes \_\_\_no

Have your submitted an application to enroll in the Institute of Fair Management? \_\_\_yes \_\_\_no

Are you currently enrolled in the graduate program for the Institute of Fair Management?

\_\_\_yes\_\_\_ no

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Date Received: \_\_\_/\_\_\_/\_\_\_

Enrollment Date: \_\_\_/\_\_\_/\_\_\_

***Florida Federation of Fairs Scholarship Application  
Essay Section***

*Please do not include name of your fair/organization, your geographic location or your own name when writing here as evaluation of this section of the application will be done “blind” by the committee. Please limit your response to the space allotted on this page, do not make attachments.*

What is the primary reason you enrolled in the Institute of Fair Management?

How would receiving a Florida Federation of Fairs Scholarship be of benefit to you?

***Florida Federation of Fairs***

***Participation in Florida Federation activities section:***

*Please do not include name of your fair/organization, your geographic location or your own name when writing here as evaluation of this section of the application will be done “blind” by the committee. Please limit your response to the space allotted on this page, do not make attachments.*

Please list activities below:

Deadline April 1<sup>st</sup> – Must be postmarked by this date

Mail application to: IAFE Fair Management Scholarship Application  
Florida Federation of Fairs  
Attn: Dan West  
P.O. Box 368  
Palmetto, FL. 34220