



The Calumet County Farm Bureau is pleased to provide a **\$500 scholarship** to a graduating high school senior who will be attending an accredited college, university or technical school. The recipient will receive a check for \$500.00 following completion of his/her first semester. All majors will be considered, but preference will be given to students involved with agriculture.

The applicant must be from a current Calumet County Farm Bureau member family (parent, guardian, or grandparent with a minimum of one year active membership).

Please attach all corresponding pages.

Postmark deadline for completed application: **April 1, 2019**

Mailing address: Calumet County Farm Bureau
P.O. Box 5550
Madison, WI 53705

To be eligible

- Must have parent, guardian, or grandparent with a minimum of one year active membership.
- Have maintained at or above a 2.2 GPA on a 4.0 scale through your high school career.

A completed application form **must include your high school transcript and any completed college courses.**

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Township: _____ Name of High School: _____

Name of Parent(s) Grandparents or Guardian: _____

Calumet County Farm Bureau Member Number _____ Years of Membership _____

School Information

Name of College or Technical School Attending _____

Field of Study _____

Address of school _____

City/state/zip code _____

Have you received Notice of acceptance ____Yes ____No

In a Word Document or other comparable software please Answer the following questions in One to two paragraphs for each question.

1. Please tell us about yourself.
2. What activities have you been involved with and awards/recognition received?
Please list them or attach a resume. (Youth activities, 4-H, FFA, scouts, school sports, church, community organizations, Farm Bureau activities)
3. Please outline a short summary of your educational goals and future career plans.
4. Please tell us why you chose to pursue this field?

Please attach one letter of recommendation.

Name _____ Occupation _____ Phone _____

I certify that I have Family member who is a member and involved with Calumet County Farm Bureau and meet the above requirements set forth by the Calumet county Farm Bureau.

Applicant's signature: _____

Submission date: ____ / ____ / ____

Mail completed form postmarked by April 1, 2019 to:

**Calumet County Farm Bureau
P.O. Box 5550
Madison, WI 53705**