



2019 Scholarship Program

The Fond du Lac County Farm Bureau is pleased to announce that it will award several scholarships for students **currently enrolled in college or tech school**.

All majors will be considered for this scholarship; however, preference will be given to those applicants entering into an agriculture area of study.

The applicant or his/her parents must be a current **Fond du Lac County** Farm Bureau member. The selected recipient must mail his/her first semester grades and proof of re-enrollment to the address below before the check will be mailed.

Completed applications must be postmarked by March 31, 2019.

Mailing Instructions:

Fond du Lac County Farm Bureau
c/o Becky Hibicki, District Coordinator
N8977 Hwy 44
Ripon, WI 54971

A completed (hard copy) application form must include the following:

The **typed or word-processed** scholarship application form (no pages added).
Two letters of recommendation (no relatives) sent **directly** to the address above.
Head and shoulders photo (will **not** be returned).

An electronic version may be requested by emailing Becky Hibicki at bhibicki@wfbf.com.

**Fond du Lac County Farm Bureau®
Scholarship Application Form**

Name _____ Date of birth _____

Home mailing address _____

Email _____

Name of parent(s)/guardian(s) (if applicable) _____

Parent(s)/guardian(s) occupation (if applicable) _____

College or technical school attending _____

Current GPA:

Indicate your intended major or general field of study _____

List school activities and awards:

List other community activities and awards:

List any Farm Bureau activities you or your family have participated in (including the fair food stand, Young Farmer and Agriculturist activities, etc.):

Explain why you choose your major and what goals you have set for your future.

Why do you feel you deserve this scholarship?

To verify applicant's Farm Bureau member status, please indicate the name of the individual holding current Farm Bureau membership:

Member name _____ **Membership no.** _____

Applicant's relationship to member (son/daughter/self) _____

List the two individuals from whom you have requested recommendations:

Name:	Name:
Company:	Company:
Address:	Address:
Phone:	Phone:

Applicant's signature _____ **Date** _____

Phone _____