

**SHEBOYGAN COUNTY FARM BUREAU  
BOARD OF DIRECTORS  
\$1,000 SCHOLARSHIP APPLICATION FORM – 2019**

This form must be completed, signed and returned by March 15, 2019 to:  
**Sheboygan County Farm Bureau Board of Directors  
PO Box 5550  
Madison, WI 53705**

***Applicant's parent/guardian must be members of the Sheboygan County Farm Bureau.***

PLEASE PRINT OR TYPE

Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

High School you attend/ed: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Awards Ceremony Date: \_\_\_\_\_

Name and address of school you will be attending: \_\_\_\_\_  
\_\_\_\_\_

Field in which you plan to study: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

\*Activities: List High School extra curricular activities: (include offices held, honors, awards, recognitions, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**SHEB. COUNTY FARM BUREAU BOARD OF DIRECTORS APPLICATION Page 2**

\*Community activities (include offices held, honors, awards, recognitions, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\*What area of study do you plan to pursue and why? \_\_\_\_\_

\_\_\_\_\_

\*Reasons for applying for this scholarship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grade point average: \_\_\_\_\_

Please attach 2 letters of recommendation:

1. One from a teacher or guidance counselor
2. One from an employer or community leader

A statement from your High School Principal with his signature: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

(High School Principal)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent or Guardians' Signature

Date: \_\_\_\_\_

\*When necessary to expand any item beyond spaces provided, attach a separate sheet of paper.

\*\*Please include a senior portrait or head & shoulders photo for use in promotion publications.