

SCHOLARSHIP APPLICATION FORM

This form must be completed, signed and returned by March 15, 2019 to:
**Sheboygan County Farm Bureau
Women's Committee
W3068 State Rd 28
Sheboygan Falls, WI 53085**

Applicant's parent/guardian must be members of the Sheboygan County Farm Bureau. Up to 2-\$500 scholarships will be awarded.

PLEASE PRINT OR TYPE

Applicant's name: _____ Phone number: _____

Permanent address: _____

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: _____

List High School extra curricular activities: (include offices held, honors/awards, etc.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Community activities (include offices held, honors/awards, etc.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Please outline below a 50-word summary of your educational goals and future career plans.

List any Farm Bureau sponsored events you have attended and/or activities you have been involved with, including date of event/activity where applicable:

Grade point average: _____

Please attach: 2 letters of recommendation

- A. One from a teacher or guidance counselor
- B. One from an employer or community leader

A statement from your High School Principal with his/her signature: _____

Signed: _____
(High School Principal)

Applicant's signature

Parent or Guardian's 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***