Eau Claire County Farm Bureau Scholarship Application Form

1. Must be Eau Claire County Farm Bureau member in good standing.
2. Graduate students can apply for one of two $500 scholarship.
3. Scholarship will be awarded with proof of GPA above 2.75 for the semester. Also show re-enrollment for the upcoming semester.
4. Graduate students seeking an agricultural degree will be considered
5. Winner and their family will be invited to the Eau Claire County Farm Bureau Annual Meeting in September for a special presentation of the award certificate and the opportunity to speak to the group.
6. Please include an up-to-date resume with your application.
7. Completed applications are due April 1, 2024. Any questions about the application can be directed to Jody Wilhelm at (507)380-6291 or ajagronomy@gmail.com

**MAIL or E-MAIL Signed copy to:**

**APPLICATIONS MUST BE POSTMARKED BY**

**APRIL 1, 2024**

**Jody Wilhelm**

**349 W Lincoln Ave**

**Fall Creek, WI 54742**

ajagronomy@gmail.com

Eau Claire County Farm Bureau Scholarship Application Form

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME MAILING ADDRESS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF Eau Claire County Farm Bureau Member**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY OF RESIDENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COLLEGE or UNIVERSITY ATTENDING**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INDICATE YOUR FIELD of DEGREE:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicants please type an approximately 1,000 word essay on why you are working on an advanced degree and what this will bring to your work.

**TO VERIFY APPLICANT’S FARM BUREAU MEMBER STATUS, PLEASE INDICATE THE NAME OF THE INDIVIDUAL HOLDING CURRENT FARM BUREAU MEMBERSHIP.**

**NAME(s):**

**SIGNED                                                                            DATE**

**HOME PHONE**

**CELL PHONE**

**MAIL or EMAIL signed copy to:   
Jody Wilhelm**

**349 W Lincoln Ave**

**APPLICATIONS MUST BE POSTMARKED BY**

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