**Lincoln County Farm Bureau Scholarship**

**Application deadline: March 31, 2024**

**$500 scholarship**

$1,000 will be divided among 2-4 applicants, at the discretion of the scholarship committee, with no more than $500 awarded to one applicant.

Scholarship requirements

Applicant must be:

* A student enrolled in a 4-year university or 2-year technical school program with a freshman, sophomore, or junior standing or a high school senior accepted to 4- or 2-year program
* A Lincoln County resident or member of Lincoln County Farm Bureau
* Preference will be given to student pursuing an agriculture degree
* 2 letters of recommendation must accompany scholarship

Please submit completed application to:

Lincoln County Farm Bureau

W1943 County Road P

Merrill, WI 54452

Applications must be completed by: March 31, 2024

Notification of scholarship recipient by The Awards Ceremony

Payment of scholarship will be sent to student, after next semester grades are submitted to Lincoln County Farm Bureau Board of Directors.

Name:

Address:

County you reside in:

DOB:

School currently attending:

GPA:

Course of study:

Date of graduation:

List your post-graduation intentions as well as what educational standing you have already achieved

1. List some of the current and previous experiences you and/or your family have had with Farm Bureau
2. What organizations have you participated in (i.e. 4-H, FFA, Scouts, etc.)
3. In 5 years how do you see yourself contributing to the agriculture community you live in?

1. Please share: Why Wisconsin Farm Bureau is important to Wisconsin ag?

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

LINCOLN COUNTY FARM BUREAU

LETTER OF REFERENCE

FOR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE COMPLETE YOUR REFERENCE LETTER AND RETURN TO THE APPLICANT IN A TIMELY MANNER SO HE OR SHE CAN RETURN A COMPLETED APPLICATION TO OUR OFFICE NO LATER THAN

MARCH 31, 2024

1. SCHOLARSHIP – ABILITY OF APPLICANT:

2. PERSONALITY AND CHARACTER OF APPLICANT:

3. ASSOCIATION WITH APPLICANT:

4. HOW LONG HAVE YOU KNOWN APPLICANT:

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE OR POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_