



2026 Scholarship Program Post-Secondary Education Scholarship

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 an agriculture area of study.

The applicant or his/her parent's must be a current **Fond du Lac County** Farm Bureau member. Applicants may receive a Fond du Lac County scholarship two times, once as a graduating high school senior and once as a post-secondary student, or twice as only a post-secondary student. The selected recipient must mail their 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 1, 2026.

Email application to District Coordinator Becky Hibicki at: bhibicki@wfbf.com

A completed application form must include the following:

- The scholarship application form (No pages added)
- One letter of recommendation (No relatives)
- Headshot Photo

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 (if applicable) _____

Parent(s)/Guardian 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 & 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 applicants 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) _____

Applicant's Signature _____ **Date** _____

Phone _____