

Farmers Elevator

FARMERS ELEVATOR SCHOLARSHIP

Name:

Social Security Number:

Address:

Name of Parent or Guardian:

Address (if not the same as above):

Date and Place of Birth:

Is anyone dependent upon you for support? Yes or No:
If yes, list their name and their relationship to you.

College you plan to attend:

Check the following items to indicate how you plan to pay for your expenses not covered by this scholarship.

Money furnished by family
 Student employment

Earning during the summer
 Other means (explain):

List three people, other than relatives, who know you and could be contacted to verify the information on this application. Please list name, address and phone number.

- 1.
- 2.
- 3.

List the years actively involved in the agriculture program and the FFA:

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Please answer the following questions:

Discuss your career plans, telling why you have selected the particular career.
(You may attach a separate paper)

Discuss your involvement in FFA and describe your accomplishments with your vocational agriculture project. (you may attach a separate paper)

If I am awarded this scholarship, I will accept or reject it within 15 days of notification. I certify that to the best of my knowledge that all information given is true and correct.

Signature of Applicant _____

Signature of Parent or Guardian _____