

**DEKALB COUNTY FARM BUREAU
SCHOLARSHIP APPLICATION**

**** Criteria****

Parents must be a member for two years and be a member of Dekalb Co. Farm Bureau.

DEADLINE: MUST BE POST MARKED BY APRIL 21ST

Mail to: PO Box 488, Maysville, MO 64469 OR hand delivered to Dekalb County Farm
Bureau, 1105 S. Polk, Maysville MO 64469

Applying for:

Dekalb County Farm Bureau Scholarship

David F Adams Memorial Scholarship

Both

Name _____

Address _____

Phone number _____ High School _____

1. List major school activities in which you have participated and offices held(indicate years involved 9,10,11,12):

2. List and honor, awards, or special distinctions you have received:

3. List church and community activities in which you have participated and positions of leadership held; also list work experience (if any):

4. Name and location of trade school, college or university you plan to attend:

5. Explain your vocational plans after completing your training program:

6. On a separate sheet of paper, write an essay on why you need this scholarship and how you are going to use it to better yourself and/or the community.

List the names, addresses and phone numbers of three adults (other than relatives) from whom you have obtained permission to use as references for this scholarship. Also list the capacity in which this person knows you – teacher, FFA advisor, etc.

Name _____ Phone _____
Address _____ How known? _____

Name _____ Phone _____
Address _____ How known? _____

Name _____ Phone _____
Address _____ How known? _____

I certify that, to the best of my knowledge, the information contained in this application is correct and complete. I agree to forfeit scholarship if for any reason I am unable to attend an institution of higher learning.

Applicant's Signature

Date

.....
This Section is to be complete by the applicant's parents

Parents Names _____

Address _____ Phone _____

Occupation _____

Farm Bureau membership # _____ Years belonged? _____

Parent's signature

.....
This is to be completed by the counselor after the remainder of the application has been finished.

Name of Student _____ High School _____

Class Rank _____; Number of students in high school graduation class ___ GPA ___ on
___ scale: ACT Composite Score ___ Percentile ___

Counselor's signature

Date