



Shasta County Farm Bureau

2023 Vocational Scholarship Application

Weld / Equip Op / Diesel Mechanic Students ONLY

NOTE: ALL TRANSCRIPTS AND LETTERS OF RECOMMENDATION MUST ACCOMPANY THIS APPLICATION.

Submission Deadline: March 1, 2023

APPLICATION FOR SCHOOL YEAR _____ TO _____ CFBF COLLEGIATE MEMBERSHIP No.* _____

NAME IN FULL _____ SEX Male
 First Middle Initial Last DOB

PERMANENT ADDRESS _____
 Street No. / Name City State Zip

How long? _____ County _____ Telephone _____ Email Address _____

MAILING ADDRESS _____
 (in May and June) Street No. / Name City State Zip

HOW LONG WILL YOU BE THERE? _____ CELL PHONE _____

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

HOW DID YOU FIND OUT ABOUT THIS SCHOLARSHIP? _____

LIST HIGH SCHOOL, JUNIOR COLLEGE AND COLLEGE(S) ATTENDED (INCLUDING YOUR PRESENT SCHOOL). DO NOT INCLUDE SINGLE COURSE OR CLASS STUDIES (I.E. NIGHT SCHOOL).

School Name	City/State	Major
High School		
Jr. College		
College		
College		

LIST YOUR WORK EXPERIENCE DURING THE PAST FOUR YEARS. INDICATE DATES OF EMPLOYMENT, APPROXIMATE NUMBER OF HOURS WORKED EACH WEEK, AND TOTAL AMOUNT EARNED AT EACH JOB.

Position	From (M/Y)	To (M/Y)	Hrs/Week	Total Amount Earned

LIST ALL EXTRACURRICULAR ACTIVITIES (SCHOOL AND COMMUNITY) YOU PARTICIPATED IN DURING THE PAST FOUR YEARS WITHOUT PAY, I.E. RED CROSS, CHURCH, WORK, SPORTS, VOLUNTEER WORK.

ATTACH ADDITIONAL PAGE, IF NECESSARY

Activity	# of Yrs	Special Honors / Awards



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(continued)

WHAT COLLEGE DO YOU PLAN TO ATTEND? _____

CITY _____ WHEN? _____ CURRENT GPA _____

COURSE OF STUDY _____

FOR WHAT OCCUPATION ARE YOU PREPARING? _____

MY COLLEGE CLASS STANDING IN THE FALL WILL BE: College Graduate

WILL YOU LIVE AT HOME OR ON CAMPUS? Campus EXPECTED DATE OF GRADUATION _____

WILL YOU WORK WHILE ATTENDING COLLEGE? No HAVE YOU RECEIVED A SCFB SCHOLARSHIP IN THE PAST? No
If yes, what year(s) _____

LETTERS OF RECOMMENDATION: APPLICANT MUST SUBMIT ONE (1) CURRENT LETTERS OF RECOMMENDATION (REFER TO INSTRUCTIONS FOR GUIDELINES). LETTER SHALL BE DATED WITHIN THE PAST THREE (3) MONTHS AND MUST BE ON OFFICIAL LETTERHEAD AND SIGNED. IF MAILED, THE ORIGINAL MUST BE INCLUDED. (SCANS WILL BE ACCEPTED FOR ONLINE SUBMISSIONS.) THE PERSONS WRITING THE LETTER OF RECOMMENDATION (RELATIVES EXCLUDED) IS:

NAME _____ OCCUPATION _____

APPLICANT CAREER GOALS: IN A PARAGRAPH OR TWO PLEASE SHARE WITH THE COMMITTEE YOUR CAREER GOALS. YOU MAY USE THE SPACE BELOW OR ATTACH AN ADDITIONAL PAGE.

SIGNATURE: _____ DATE: _____

* REQUIRED