



Shasta County Farm Bureau

2023 College Scholarship Application

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 _____
 First Middle Initial Last DOB _____ MALE ☐ FEMALE ☐

PERMANENT ADDRESS _____
 Street No. / Name City State Zip

How long? _____ County _____ Cell 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 OR UNIVERSITY DO YOU PLAN TO ATTEND? _____

CITY _____ WHEN? _____ CURRENT GPA _____

AGRICULTURAL MAJOR COURSE OF STUDY _____

FOR WHAT AGRICULTURAL 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 PLEASE LIST THE AMOUNT AND NAMES OF ANY GRANTS OR SCHOLARSHIPS THAT YOU HAVE BEEN AWARDED FOR THE COMING SCHOOL YEAR _____

HAVE YOU RECEIVED A SCFB SCHOLARSHIP IN THE PAST? ☐ Yes ☐ No If yes, what year(s) _____

LIST DEPENDENT MEMBERS OF IMMEDIATE FAMILY:

Name	Relationship to Parents	Age (if under 21)	Degree of Dependency (entirely, 1/2, etc.)

LIST BROTHERS / SISTERS IN COLLEGE:

Name	Age	School Name	Year in School

LETTERS OF RECOMMENDATION: APPLICANT MUST SUBMIT TWO (2) CURRENT LETTERS OF RECOMMENDATION (REFER TO INSTRUCTIONS FOR GUIDELINES). LETTERS 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 LETTERS OF RECOMMENDATION (RELATIVES EXCLUDED) ARE:

NAME _____

OCCUPATION _____

NAME _____

OCCUPATION _____

APPLICANT ESSAY: PLEASE WRITE AN ESSAY (1,000 WORDS OR LESS) ON ONE (1) OF THE FOLLOWING TOPICS:

1. SOCIAL MEDIA - HOW CAN SOCIAL MEDIA, WEBSITES, OR ONLINE PRESENCE HELP AN AG OPERATION GENERATE NEW REVENUE?
2. ALTERNATIVE ENERGY - HOW CAN ALTERNATIVE ENERGY BE UTILIZED TO OFFSET THE RISING COST OF TRADITIONAL ENERGY?

SIGNATURE: _____ DATE: _____

* REQUIRED