



Shasta County Farm Bureau

2022 Scholarship Application

Application for the school year _____ to _____ Your CFBF Collegiate Membership No.* _____

NOTE: ALL TRANSCRIPTS AND LETTERS OF RECOMMENDATION MUST ACCOMPANY THIS APPLICATION. Submission Deadline: March 15

NAME IN FULL _____
 First _____ Middle Initial _____ Last _____ DOB _____

PERMANENT ADDRESS _____
 Street No. / Name _____ County _____

City _____ State _____ Zip _____ How long? _____ Telephone _____

MAILING ADDRESS _____ Male _____ Female _____
 (in May and June) Street No. / Name _____

City _____ State _____ Zip _____ How long will you be there? _____

E-MAIL ADDRESS* _____ 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		
Junior 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

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: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ College Graduate

Will you live at home or on campus? ___ Home ___ Campus Expected date of graduation _____

Will you work while attending college? ___ Yes ___ 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 Shasta County Farm Bureau 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 or 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) about why you deserve this scholarship. Essay shall be attached to this application.

Signature: _____ Date: _____

* Required