



Shasta County Farm Bureau 2020 Scholarship Application

Application for the school year _____ to _____ Your CFBF Collegiate Membership No. (Required) _____

Note: All transcripts and letters of recommendation **must accompany** this application.

Submission Deadline: March 13

NAME IN FULL _____
First Middle Initial Last

PERMANENT ADDRESS _____
Street No. County

City State Zip How long? Telephone

MAILING ADDRESS (in May and June) _____
Street No. How long will you be there?

City State Zip

DATE OF BIRTH _____ E-MAIL ADDRESS (Required) _____ CELL PHONE NUMBER _____

Male/Female? _____

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	Date from (Month/Year)	Date to (Month/Year)	Hours per 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	No. of Yrs. Partic.	Special Honors/Awards	Activity	No. of Yrs. Partic.	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 must 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 submit a 1000 word or less essay about the pros and cons of the H2A program for California Employers.

Signature _____ Date _____