

Shasta County Farm Bureau 2017 Scholarship Application

Note: All transcript	ts and letters	of recommer	ndation must a	accompa	any this appl	ication.		Submission	on Deadline: March	
NAME IN FULL										
First					le Initial	Last				
PERMANENT ADDRESS	Street No.							County		
City		State	e Zip				How long?	Telephone		
MAILING ADDRESS (in N	May and lyna									
VIAILING ADDRESS (III N	•	Street No.							How long will you be there?	
City				State				Zip		
DATE OF BIRTH		E-MAIL ADD	RESS (Required)				CELL PH	IONE NUMBER	R	
Male/Female?										
Father's name			Mot	:her's nam	ie					
Father's occupation			Mot	her's occu	pation					
How did you find out al										
•		·							i a night school	
List high school, junior	-	ege(s) attenueu	(Including your p			iciuue siiigie	Course or	Class studies,		
School High School	Name			City/	State				Major	
Junior College										
College										
College										
List your work experien	nce during the pa	ast four years. I	ndicate dates of e	mploymeı	nt, approximate	e number of	hours wo	rked each wee	k, and total amount	
earned at each job.					Date from	Date to		Hours per	Total	
Position					(Month/Year)	(Month/Ye	ar)	Week	Amount Earned	
									\$	
									\$	
									\$	
									\$	
			y) you participated	d in during	g the past four y	ears withou	t pay, i.e.	Red Cross, chu	rch, work, sports, volunte	
Activity	ork. Attach additional page, if necessary. No. of Yrs. Activity Partic. Special Honors/Av		ors/Awards	rs/Awards Activity			No. of Yrs Partic.		Special Honors/Awards	
,					,					

City	What college or university do you plan to attend?							
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 ey ou received a Shasta County Farm Bureau scholarship in the past? Yes No If yes, what year(s) dependent members of immediate family: Name Relationship to parents Age (If under 21) Degree of dependency (entirely, 172, 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 date 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 Na	City	When? _			Current GPA			
My college class standing in the Fall will be:	Agricultural Major course of study							
Will you live at home or on campus?	For what agricultural occupation are you preparing?							
Will you work while attending college?	My college class standing in the Fall will be: $\ \Box$	Freshman Sop	homore Junior	☐ Senior	☐ College Graduate			
awarded for the coming school year	Will you live at home or on campus? $\ \square$ Home	☐ Campus	Expected date of gradua	ation				
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	Name		Occupation					
	Signatura		r)ata				