

LAKE COUNTY FARM BUREAU INC. HIGHER EDUCATION SCHOLARSHIP

APPLICATION:

1. All applicants must have been a member in the year prior to completing this application and have a current membership in Lake County Farm Bureau, Inc., voting or associate.

Full-time students may apply if their parents or legal guardian hold a current membership.

2. Recipients can be any age, but must be a high school graduate, or full-time college student carrying at least 12+ credit hours.
3. Scholarships may be awarded no more than four times to any one applicant.
4. Scholarships are for tuition only to any approved college or technical school, and will be paid jointly to the school and recipient, with \$500.00 being paid at the beginning of each semester.
5. Applicants who are not selected this year will be notified and are urged to re-apply next year.
6. An outside independent committee will select the winner.
7. Applications must be postmarked on or before the third Thursday in March during any given year.

Mail applications to:

**ATTN: Sue Mercer
Lake County Farm Bureau Incorporated
2008 N Main Street
Crown Point, In 46307**

Lake County Farm Bureau Inc. Higher Education Scholarship

Answer all questions that apply to you:

Section 1:

What is your father's occupation?

What is your mother's occupation?

What is your parent's or guardian's Farm Bureau Membership Number?

Name of High School you graduated, or will graduate, from:

Year of Graduation:

GPA: _____ out (4.0?)

Class Size:

Class Ranking:

Schooling after high school:

What Institution?

What Year?

Supply the Following Information:

1. Work Experience - Include Dates
2. School Activities - Include number of years, offices held, and any awards received
3. Non-School Activities - Include number of years, offices held, and any awards received
4. Volunteer Experiences (Include only those that involve more than one day)
5. Write 2 - 3 paragraphs describing your short and long term goals.
6. Write 2 - 3 paragraphs about yourself, your interests, and your experiences. Include anything that makes you special.

Statement of Applicant and parents or guardian:

Applicant's Name:

Social Security Number:

Mailing Address:

Date of Birth:

Parent's (or Guardian's) Name:

Phone Number:

All answers on this application are solely the work of the applicant.

We have examined this application and the records are true, complete and accurate.

Signed: _____
Applicant

Signed: _____
Parent or Guardian

Signatures indicate agreement to truthfulness of this entire application and acceptance of the selection committee's decision.