

CRITERIA FOR COLE COUNTY FARM BUREAU SCHOLARSHIP

1. STATE GRADE POINT AVERAGE.
 2. PARTICIPATE IN TWO OR MORE EXTRA CURRICULAR ACTIVITIES WHETHER IN OR OUT OF SCHOOL DURING SCHOOL YEAR.
 3. THE SCHOLARSHIP MUST BE USED FOR COURSES THAT HAVE A RELATION TO THE STUDY OF AGRICULTURAL PURSUIT OR TECH COLLEGE AND PROFESSIONS NECESSARY TO THE RURAL COMMUNITY SUCH AS BUSINESS EDUCATION, MEDICINE, JOURNALISM, ETC.
 4. YOU WILL NEED TWO RECOMMENDATIONS INCLUDING ONE FROM AN EXTRACURRICULAR ACTIVITY SPONSOR.
 5. WRITE A 200-WORD ESSAY ON THE TOPIC:
"WHAT ATTENDING COLLEGE OR TRADE SCHOOL MEANS TO ME."
 6. ALL ACT, SAT AND PSAT SCORES MUST BE SUBMITTED.
 7. MUST BE A RESIDENT OF COLE COUNTY.
 8. MUST BE FARM BUREAU MEMBERS. NAME MEMBERSHIP IS REGISTERED UNDER
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9. MUST USE SCHOLARSHIP AS FULL TIME STUDENT.
 10. SCHOLARSHIP MUST BE USED FOR TUITION, ROOM AND BOARD, AND/OR BOOKS FOR FIRST FULL COLLEGE SEMESTER FOLLOWING GRADUATION FROM HIGH SCHOOL.
 11. ANY SCHOLARSHIP MONIES UNUSED IN THE FIRST YEAR OF COLLEGE MUST BE RETURNED.
 12. APPLICANT MUST SUBMIT AN OFFICIAL HIGH SCHOOL TRANSCRIPT ALONG WITH APPLICATION.
 13. DEPENDENTS AND FAMILY MEMBERS OF SCHOLARSHIP COMMITTEE SHALL BE ELIGIBLE FOR THIS SCHOLARSHIP PROGRAM DURING THE TERM OF THE COMMITTEE MEMBER.
 14. PROOF OF ACCEPTANCE AT INSTITUTION IS NECESSARY BEFORE THE RELEASE OF SCHOLARSHIP FUNDS CAN BE MADE.
 15. APPLICATIONS WILL BE DELIVERED TO YOUR SCHOOL COUNSELOR. IF ADDITIONAL COPIES ARE NEEDED, PLEASE DUPLICATE OR CALL THE COLE COUNTY FARM BUREAU OFFICE @ 573-636-2131.

**COMPLETED APPLICATIONS MUST BE RETURNED
PRIOR TO APRIL 1, 2019 TO:
COLE COUNTY FARM BUREAU
ATTENTION: SCHOLARSHIP COMMITTEE
808 MADISON STREET
JEFFERSON CITY, MO 65101**

ANSWER THE FOLLOWING QUESTIONS DEALING WITH INFORMATION APPLICABLE FROM GRADES 9 THROUGH 12 ONLY. USE ADDITIONAL PAPER IF NECESSARY.

1. SCHOOL RELATED ACTIVITIES (GRADES 9, 10, 11, 12) IN WHICH YOU HAVE PARTICIPATED. LIST ANY LEADERSHIP ROLES. (DO NOT LIST COURSES TAKEN).
2. OTHER ACTIVITIES IN WHICH YOU ARE NOW OR HAVE BEEN AN ACTIVE PARTICIPANT. LIST ANY LEADERSHIP ROLES. (DO NOT LIST COURSES TAKEN.)
3. SPECIAL ACHIEVEMENTS, AWARDS, SPECIAL RECOGNITIONS, ETC.
4. JOBS YOU HAVE HELD DURING YOUR HIGH SCHOOL YEARS;
BRIEFLY DESCRIBE DUTIES AND RESPONSIBILITIES IN EACH POSITION:
HOW MANY HOURS PER WEEK DO YOU WORK WHILE GOING TO SCHOOL? _____
WHAT IS THE PRIMARY PURPOSE OF YOUR EARNINGS? _____
5. HAVE YOU SET GOALS FOR YOUR FUTURE IN HIGHER EDUCATION? _____ WHAT ARE THEY AND WHY? _____
6. DO YOU BELIEVE IT TO BE WORTHWHILE TO SPEND FOUR YEARS IN COLLEGE? _____ WHY? _____
7. DO YOU HAVE BROTHERS OR SISTERS IN COLLEGE AT THE PRESENT? _____
PLEASE LIST INSTITUTIONS ATTENDING. _____
8. PLEASE LIST YOUR GOALS FOR THE FOUR TO FIVE YEARS FOLLOWING YOUR GRADUATION FROM COLLEGE/TECH SCHOOL. _____

COLE COUNTY FARM BUREAU SCHOLARSHIP APPLICATION

IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION, PLEASE FEEL FREE TO SPEAK WITH YOUR HIGH SCHOOL GUIDANCE COUNSELOR OR TO ANY MEMBER OF COLE COUNTY FARM BUREAU BOARD.

COLE COUNTY FARM BUREAU SCHOLARSHIP COMMITTEE
573-636-2131

THIS SCHOLARSHIP AWARD WILL BE \$500.00

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
COMPLETE ADDRESS-STREET/CITY/STATE/ZIP

PHONE: _____
HOME TELEPHONE NUMBER

NOTE: A REPLY OR RESPONSE IS REQUIRED FOR EACH SECTION OF THE APPLICATION! WHERE SPACE DOES NOT ALLOW FOR A COMPLETE REPOSE, ATTACH ADDITIONAL SHEETS AS NEEDED. (PLEASE TYPE OR PRINT)

ENCLOSED IN THIS PACKET IS YOUR APPLICATION. PLEASE INCLUDE TWO RECOMMENDATION FORMS FROM TEACHERS/ ADVISORS WITH YOUR APPLICATION. FAILURE TO COMPLY MAY DISQUALIFY YOUR APPLICATION.

YOU MUST ALSO INCLUDE WITH YOUR APPLICATION:

1. FULLY COMPLETED AND SIGNED APPLICATION
2. OFFICIAL TRANSCRIPT
3. A COPY OF YOUR ACT, SAT AND PSAT RESULTS.
(IF YOU HAVE MORE THAN ONE SET OF RESULTS YOU MUST INCLUDE THEM ALL.)
4. 200-WORD ESSAY ON THE TOPIC:
"WHAT ATTENDING COLLEGE MEANS TO ME"

THE FULLY COMPLETED APPLICATION MUST BE POSTMARKED BEFORE APRIL 1, 2019 AND MAILED TO:

COLE COUNTY FARM BUREAU
ATTN: SCHOLARSHIP COMMITTEE
808 MADISON STREET
JEFFERSON CITY, MO 65101

APPLICANT'S SIGNATURE: _____

DATE: _____

HIGH SCHOOL ATTENDING: _____

INSTITUTION YOU PLAN TO ATTEND
AFTER HIGH SCHOOL: _____

ADDRESS: _____
STREET CITY STATE ZIP