



## Scholarship Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Parent or Legal Guardian Name(s) \_\_\_\_\_

I am a child of a current AgState employee YES NO

I am a current customer of AgState YES NO

I am a current Class A Member of AgState YES NO

High School Name \_\_\_\_\_ High School Address \_\_\_\_\_

Class Rank \_\_\_\_\_ ACT Composite \_\_\_\_\_ GPA \_\_\_\_\_

### Educational Plans:

I will be a full time college student in Fall 2022 Yes No

School \_\_\_\_\_ Major \_\_\_\_\_

### Student Involvement:

Were you actively involved in your high school FFA Chapter (if applicable)

If so, please designate those years you were actively involved: Yes No

Freshman

Sophomore

Junior

Senior

Please include a list of activity involvement showing your participation by year including but not limited to SAE projects, fundraising efforts, chapter activities, FFA contest participation, leadership positions held in your FFA Chapter, and degrees earned.

**Student Involvement Continued:**

Were you actively involved in 4-H (if applicable)                      Yes                      No

If so, please designate those years you were actively involved:

Freshman                      Sophomore                      Junior                      Senior

Please include a list of activity involvement showing your participation by year including but not limited to projects, fundraising efforts, contest participation, and leadership positions held.

**Other Community Service and Leadership Positions Held**

Please include community service projects, academic leadership positions, and any other relevant activities by year. (High School Only)

## Signatures

I hereby certify that all academic information submitted by the applicant is true and correct to the best of my knowledge

**High School Teacher/Advisor (Required)** \_\_\_\_\_

Scholarship recipients agree to the use of their name, likeness & information contained in their application packages for advertising & promotional purposes for the AgState Scholarship Program.

Additionally, I certify that the information in this application is true and correct to the best of my knowledge as evidenced by these signatures. I understand that all information contained on this application is subject to verification and that false information will lead to disqualification.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

*Completed Scholarships should be emailed to [chuber@agstate.com](mailto:chuber@agstate.com) or mailed to  
AgState Attention: Scholarship Committee 30 E Main St. Albert City, IA 50510*