



307 E. Nodaway Street / PO Box 485
Oregon, MO 64470
(660) 446-2310

NOTE: Applicant must be a Holt County resident and his/her parents must be members of Holt County Farm Bureau as of January 1 of the year of award.

HOLT COUNTY FARM BUREAU SCHOLARSHIP APPLICATION

****Application Deadline is March 22****

NAME:

ADDRESS:

HIGH SCHOOL:

List major school activities in which you have participated and offices held in years involved:

List any honors, awards, or special recognitions you have received:

List church and community activities in which you have participated and positions of leadership held. Please also list work experience:

Name and location of technical school, college or university you plan to attend:

Explain your vocational plans after completing your training program:

Provide two references from whom you have obtained permission to use their names as references for this scholarship. Please list the person's name, phone number and the capacity in which this person knows you: teacher, FFA advisor, ect.



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I certify that, to the best of my knowledge, the information contained in this application is correct and complete. I agree to forfeit this scholarship if for any reason I am unable to attend an institution of higher learning.

Applicant's Signature: _____ Date: _____

Parents' Names:

Parents' occupation(s): text.

Parent Signature: _____

COUNSELOR PLEASE COMPLETE THIS SECTION

STUDENT: _____

CLASS RANK: _____

NUMBER OF STUDENTS IN CLASS: _____

GRADUATING CLASS: _____

GPA & SCALE: _____

ACT COMPOSITE SCORE: _____

PERCENTILE: _____

Counselor's Signature _____ Date: _____