Seneca County Farm Bureau is offering two \$500 scholarships to 2019 graduating high school seniors who are children/dependents of Seneca County Farm Bureau members.

It is not necessary that the applicant have a farm background or plan to major in agriculture. As long as the parents/guardians of the student are **members of the Seneca County Farm Bureau**, the student is eligible.

Evaluation of the applicants will be based on academic achievement, school and community activities, and a brief essay about the impact of agriculture in their life.

If selected, the student must send Seneca County Farm Bureau proof of full-time enrollment (12 credit hours or semester equivalent credit hours) and at least a 2.5 grade point average after either the first or second college grading period. All grades must be received by January 31, 2020. Application form is attached.

Applicants must submit their completed application, a copy of their high school transcript, and a wallet size photo to Seneca County Farm Bureau, 100 Hopewell Ave. Tiffin, Ohio 44883. All applications must be received by Thurs. April 18, 2019.

Questions may be directed to Seneca County Farm Bureau at 419-447-3091. Office hours are 8 a.m. to 6 p.m., Mon. – Thurs. The office is closed on Fridays.

FARM BUREAU SCHOLARSHIP APPLICATION NAME OF SCHOLARSHIP: Seneca County Farm Bureau

Date of Application: _____

APPLICANT INFORMATION

Name:			
Address:			
City/State/Zip Code:			
hone Number:(home)(cel			(cell)
County of Residence:			(55.17)
High School Name (graduate of):		Date of	graduation:
High School Address:			
Guidance Counselor Name:	Phone No.:		Awards Ceremony date:
List 2 References (name, address, phone nu	ımber):		
1)			
2)			
Intended College:	Field of Study:		
scholarship. If this is an agricultur • Application deadline date is <i>April 2</i> Name: Address:	cluding family). (4-H, increase ranscript and a letter of lable. ay (300-500 words or line related degree, how less and laber return the part of laber return the laber return	Farm Bureau, Fa of recommendat less). Explain wh has your Ag inv o to 100 Hopewe FORMATION	tion. The property of the selected to receive this provided to receive the receiv
City/State/Zip Code: Phone Number:	(hama)		(a-III)
County of Residence:	(nome)		(ceil)
Member of Farm Bureau: Yes or No - if ye	s name of county		
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Occupation: Father-			
Jecapation: Tather-		iother	
l certify that the information provided in this	s annlication is true co	errect and compl	lata to the best of my knowledge
Sianed.			ete to the best of my knowledge.
Applicant			ce Counselor
Committee information: Date application received: Date application reviewed: Recipient awarded scholarship (circ		NO	
Committee chairperson signature:			

Updated Jan. 2, 2019