



Ag Partners, L.L.C. & ALCECO



Scholarship Program 2020 Application

ALL SECTIONS OF THIS APPLICATION ARE REQUIRED

NOTE: Your application must be typed and signed.

I. APPLICANT INFORMATION

(First Name) (Last Name) (Phone Number)

(Street Address &/or PO Box) (City) (State) (Zip Code)

(High School Name) (High School - Street Address &/or PO BOX)

(High School City) (School State) (Zip Code) (High School Phone Number)

(Applicant's Email, if available) (Student's Cell Phone Number)

II. SIGNATURES

I hereby certify that all academic information submitted on this application 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, likenesses & information contained in their application packages for advertising & promotional purposes for the Ag Partners/Alceco Scholarship Program further compensation or notification. "I certify that the information on this application is true & 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."

Applicant Signature (Required): _____

Parent(s)/Guardian(s) Signature: _____

III. STUDENT CERTIFICATION (Please check all that apply by place an "X" in the box.)

1. I will be a full-time college student in the fall of 2020. ☐ Yes ☐ No

2. My major field of study will be: _____

3. The college I plan to attend in the fall of the next calendar year:

IV. FAMILY INFORMATION

Father/Stepfather/Guardian _____
(First Name) (Last Name)

Mother/Stepmother/Guardian _____
(First Name) (Last Name)

V. MEMBERSHIP INFORMATION

Current customer of Ag Partners? _____
(Yes) (No)

Current member of ALCECO? _____
(Yes) (No)

In the following application sections, please list activities only once. Place each activity in the most appropriate section. You may attach additional supporting information on a separate sheet

VI. FFA INFORMATION

1. Does your high school have an FFA Chapter? _____
(Yes) (No)

If answer to #1 is (Yes), please complete the following information:

Please check each year you were a member of the FFA organization:

Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____

List SAE projects and judging contests by year. Please specify judging categories:

Co-operative Activities

Sales Fruit, butterbraids, meat/cheese items or other FFA fundraiser items

Please list dollar amount sold each year (rounded to the nearest dollar).

Chapter Activities

List your participation in each chapter activity, by year

ie: trap shooting, greenhand leadership camp, district and state)

FFA Contest Participation

Please list each contest, and participation level, by year.

Participation levels: sub-district, district, state, national

Leadership

Please list any office you held in your FFA chapter, by year:

Offices: assistant officer, chapter officer, committee chairman, district officer, or state officer

Degrees

Please indicate the degrees you earned & which years you earned them:

	9	10	11	12
<i>Greenhand</i>				
<i>Chapter</i>				
<i>State</i>				

Proficiency Applications

Please indicate your application levels & which years:

	9	10	11	12
<i>District level</i>				
<i>State level</i>				

FFA Band, Chorus & Courtesy Corps

Please indicate the years you were a member of:

	9	10	11	12
<i>FFA Band</i>				
<i>FFA Chorus</i>				
<i>FFA Courtesy Corps</i>				

VII. 4-H INFORMATION

1. Were you involved in 4-H during high school?

(Yes)

(No)

If answer to #1 is (Yes), please complete the following information:

Please check each year you were a 4-H member:

Freshman: Sophomore: Junior: Senior:

Please list projects, during high school years, and placement:

VII. COMMUNITY SERVICE INFORMATION

Please list any community service projects you participated in, by year, that were not listed in the FFA or 4-H sections. (High school years only, please).

To avoid disqualification, make sure that you have completed the following:

☐ Did you type & sign your application?

☐ Did a high school teacher/advisor sign your application?

☐ Is all the information provided correct and true to the best of your knowledge?

Application must reach an Ag Partners' office by: March 20, 2020

APPLICATION MAY BE MAILED TO THE FOLLOWING ADDRESS:

**Ag Partners
P.O. Box 38
Albert City, IA 50510**