**Mercer County Farm Bureau® Foundation**

**Scholarship Application**

**Due Date: March 15, 2019**

**Application Instructions**

Please complete the attached application and return it to the address below. You may also request an application in a Word file by e-mail at [mcfbmanger@gmail.com](mailto:mcfbmanger@gmail.com) or visit www.mercercfb.org/scholarship-application to obtain a scholarship application. To be considered for a scholarship, **TYPED** applications must be received no later than March 15, 2019.

Scholarship selection criteria include the completed application, written response to the essay question, academic achievements, community involvement, and agriculture-related activities. Eligible persons must be Mercer County Farm Bureau members or dependents of Mercer County Farm Bureau members. Scholarship applicants must be a Mercer County Farm Bureau member or a dependent of a Mercer County Farm Bureau member by January 1, 2019.

Your signature on this application signifies that you plan to attend an accredited college, university, or trade school.

**Return to: MERCER COUNTY FARM BUREAU  
 206 SE 3RD ST, PO BOX 40  
 ALEDO IL 61231**

**OR**

**mcfbmanager@gmail.com**



**Foundation**

**Mercer County Farm Bureau® Foundation Scholarship**

**Due Date: March 15, 2019**

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

Home address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member or dependent of a member of the Mercer County Farm Bureau? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

Names of Parents or Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s or parents’ Farm Bureau Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grad. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community College Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grad. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in school for 2018-2019:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours Earned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please include an official transcript with this application.***

1. Name of College going to or attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Major Area of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please give most recent, applicable GPA.

High School GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community College GPA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University GPA:\_\_\_\_\_\_\_\_\_ *(Please specify what point scale – 4 or 5)*

4. What high school/college academic honors have you received?

5. List agricultural or other clubs to which you belong. Indicate offices held.

6. List church, civic, and community activities and indicate positions of leadership held.

7. List agriculture classes taken, agricultural activities, and agricultural related work experience.

8. List Farm Bureau related activities in which you have been involved.

9. Describe any employment experiences you have had during school or during summer vacations.

10. What are your career goals after college? How are those goals related to agriculture?

11. In 300 to 500 words, please answer the following question. How has Farm Bureau had a positive impact on you, your family, and our community?

The above information is correct to the best of my knowledge.

Student’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return your completed application by March 15, 2019 to:

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206 SE 3rd St, PO Box 40  
Aledo IL 61231  
Or

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