



**QUALIFIED SCHOLARSHIP PROGRAM OF
MONROE COUNTY FARM BUREAU**



One of the primary purposes of Monroe County Farm Bureau is to promote the development of agriculture in the state of Missouri and this county. In furtherance of that purpose, the Board of Directors hereby adopts a scholarship program to encourage the study of agricultural pursuits or other trades and professions necessary to the rural community.

Applications for scholarships shall be made to the Scholarship Committee of the Monroe County Farm Bureau, who shall select applicants upon the basis of the following criteria:

- 1. Scholarship shall be in the amount of \$300. It is a condition of this scholarship that it must be used exclusively for tuition, fees, books and related expenses for the course(s) of agricultural pursuits or other trades and professions necessary to the rural community.**
- 2. Applicants must be graduating seniors from Monroe County as residents or school assignments. Applications and essays must be received by April 30, of the graduating seniors school year and mailed to:**

**Scholarship Committee
Monroe County Farm Bureau
25976 Business Hwy. 24
Paris MO 65275**

- 3. Scholarship is to be used to enter post-secondary training (college or vocational training). Proof of enrollment must be presented before distribution. Distribution will be half for the first semester and half for the second semester.**
- 4. Parents must be a Missouri Farm Bureau member.**
- 5. A Farm Bureau Scholarship Committee, consisting of four Board of Directors of the Monroe County Farm Bureau, will review the nominees applications, select the one with whom the award will be presented and notify the applicant.**

Dependents and family members of the Scholarship Committee shall not be eligible for this scholarship program during the term of the committee membership.

List the names, addresses and phone numbers of two adults (other than relatives) from whom you have obtained permission to use as a reference for this scholarship. Also, list the capacity in which this person knows you; teacher, FFA Advisor, counselor, etc.

Name _____ Phone# _____

Address _____

How known _____

Name _____ Phone# _____

Address _____

How known _____

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.

Date _____

Applicants signature _____

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Name _____

Address _____

Telephone _____

High School attending _____

Date of birth _____ Sex _____

Number of siblings _____

THIS SECTION TO BE COMPLETED BY THE APPLICANTS PARENTS

Name _____

Address _____

Occupation(s) _____

Date _____

Signature _____

THIS SECTION TO BE COMPLETED BY SCHOOL COUNSELOR

Student name _____

High School _____

Class Rank _____

GPA _____

Scale _____

ACT score _____

Percentile _____

Date _____

Signature _____