

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 o 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 assignations. 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.

SCHOLARSHIP JUDGING CRITERIA APRIL 2013

| JUDGING | DISTRIBUTION | PROOF OF ELIGIBILITY |
|---|---|---|
| 25% Based on Essay 25% Based on Activities 25% Based on Honors/Awards 25% Based on Grades/Recommendations | Half for first semester Half for second semester | Transcripts, registration to school of choice for each semester |

Rank each applicant for each category with one being the best on down to number of applicants received. The lowest combines score will be the winner.

| Applicant # | Essay | Activities | Honors | Grades |
|-------------|-------------|------------|--------|--------|
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SCHOLARSHIP APPLICATION FOR MONROE COUNTY FARM BUREAU

Please print or type the application. In addition to this application, please attach a typed essay (200 word minimum) on the following topic: "How agriculture impacts my life now and in the future." Application must be received by April 15.

| Name: | |
|---|----|
| Farm Bureau MemberYN | |
| List major school activities in which you have participated and offices held (indicate years involved 9, 10, 11, 12): | ; |
| 2. List any honors, awards or special distinctions you have received: | |
| 3. List church and community activities in which you have participated and positions of leadership held and work experience if any: | ıf |
| 4. Name and location of trade school, college or university you plan to attend: | |
| 5. Explain your vocational plans after completing your training program: | |

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 | |
| | ge, the information contained in this application is this scholarship if for any reason I am unable to |
| 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 COMP | PLETED BY THE APPL | CANTS PARENTS |
| Name | | - |
| Address | | - |
| Occupation(s) | | |
| | | |
| Date | | <u>-</u> |

THIS SECTION TO BE COMPLETED BY SCHOOL COUNSELOR

| Student name | |
|--------------|--|
| High School | |
| Class Rank | |
| GPA | |
| Scale | |
| ACT score | |
| Percentile | |
| Date | |
| Signature | |