

TODD COUNTY CORN & SOYBEAN GROWERS SCHOLARSHIP APPLICATION FORM

Intended for Members or Dependent Children of Members

Name of Applicant:			
Scholarship Mailing Address:			
Permanent Address:			
Telephone Number:		Cell Phone Number:	
E-mail Address:			
Date of Birth:		Birth Place:	
How did you hear about the scholarship?			

Scholastic Records			
High School:		City, State	
High School GPA:		High School Graduation Date:	
High School Rank:		Have you applied for admission to college?	
Current College/University:		City, State	
Prior College/University:		City, State	
Undergraduate degree from:		City, State	
Highest Degree Completed: AA, BA, BS, MA, MS, Other:			
		at (name of the school):	
Major Field of Study:			
Degree Objective: BA, BS, MA, MS, PhD, Other:			
Present Academic Standing: HS Senior, Freshman, Junior, Senior, Master Course, PhD Course, Other:			
Anticipated Completion Date of the Current Study Program:			

Extracurricular Activities

Briefly list your extracurricular activities in high school and/or college:

Community Service

Briefly list your involvement in civic organizations in high school and/or college:

Work Experience

Please list your jobs (including summer employment) you have held in the past three or four years:

Job	Employer	Approximate Dates of employment	Approximate number of hours per week

Knowledge of Minnesota Corn Growers Association

Describe the role Minnesota Corn Growers Association and the how you believe it benefits agriculture and our communities:

Letters of Reference and Personal Essay

Please provide three letters of reference that recognize the applicant's personal, academic or leadership character.

Please write an essay that describes your role in agriculture and your future plans after obtaining a degree.

Signature of Applicant, Guardian and School Counselor

We certify that all information given on the application is true, correct and complete. We understand that this scholarship is to be used for tuition, fees or room and board. We understand that the scholars must enroll, and remain in good standing, in an agriculture-related degree program.

Applicant:		Date:	
Parent(s) or Guardian(s):		Date:	
High School Counselor or College Advisor:		Date:	