

STEARNS COUNTY CORN GROWERS SCHOLARSHIP APPLICATION FORM

Intended for Members of Dependent Children of Members

If applicant is not a current member of Stearns County Corn Growers, a youth membership (Cost \$20) will need to be purchased if scholarship is awarded.

Name of Applicant:					
Scholarship Mailing Address:					
Permanent Address:					
Home Phone 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?			
College/University:		City, State:			
Present Academic Standing: HS Senior or College Freshman?					
Major Field of Study:	-				
Anticipated Completion Date of C	urrent Field of Study?				
How does this field relate to Agriculture?					
•			,		
Latter of Deference					

Please provide one letter of reference that recognizes the applicant's personal, academic or leadership character.



Extracurricular Activities					
Briefly list your extracurricular activities in high school and/or college:					
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Comment Committee					
Community Service					
Briefly list your involvement in civic organizations in high school and/or college:					
Work Experience					
Please list your jobs (including s	ummer employment) you ha	ive held in the past three years:			
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Job	Employer	Approx. Date of Employment	Approx. Number of Hours Per		
			Week		
Knowledge of Minnesota Corn (Growers Association				
		sociation's role in benefiting agricu	Iture and our communities:		
Describe your understanding or	Willingsold Colff Growers //S	sociation 3 role in benefiting agrica	itale and our communities.		
Signature of Applicant, Guardian	and School Counsoler				
Signature of Applicant, Guardian	Talla School Couriseloi				
		ue, correct and complete. We under			
be used for tuition, fees or roon	n and board. We understand	that the scholars must enroll, and	remain in good standing, in an		
agriculture-related degree program.					
Applicant:		Date:			
Parents(s) or Guardian(s):		Date:			
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High Cale and C		But			
High School Counselor or		Date:			