

# DeKalb County Farm Bureau Inc. Presidential Scholarship

## **About the Donor**

Indiana Farm Bureau was founded to improve the well being of families residing in rural communities. DeKalb County Farm Bureau is making this scholarship available in honor of the leadership of those individuals who have served this organization well. It is our hope that the individuals receiving this award will be able to give back to their community in the future.

## **Eligibility Criteria**

This scholarship is a one-time award to a graduating senior from **DeKalb High School, Eastside High School, Garrett High School, Hamilton High School (DeKalb County residents only), or Lakewood Park Christian School (DeKalb County, residents only)** whose parent or guardian is a member of Indiana Farm Bureau, Inc. (either voting or associate) and must retain membership for the duration of the scholarship. Applicants may pursue any field of study at a college, university, or technical school of the recipients' choice. At least two scholarships totaling \$1,000 will be awarded.

Applicant must also:

- Be a resident of DeKalb County, Indiana
- Be a member of Indiana Farm Bureau, Inc.  
(Dependants qualify under parents' or guardian's membership)
- Enroll at an accredited college, university or technical school

Selection will be awarded on the basis of financial need, scholastic achievement, and service to the school or community.

## **Required Forms**

- Scholarship Cover Page
- Completed Application
- Essay

## **Deadline to Apply**

Deadline is January 31st. Please submit your application and required documents to [Program@CFDeKalb.org](mailto:Program@CFDeKalb.org).

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## Cover Page

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

High School \_\_\_\_\_

All information provided is kept confidential to protect your privacy.

### **Release of Records/Disclosure Agreement**

I grant permission for the high school guidance office to release a copy of my transcript to the individual or group responsible for awarding this scholarship.

I certify that all information given in every part of this application is true. I understand that falsification of information may result in termination of any scholarship awarded.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ (mm/dd/yyyy)  
High School: \_\_\_\_\_ Graduation Year \_\_\_\_\_  
DeKalb County, Indiana Resident: \_\_\_\_\_ United States Citizen: \_\_\_\_\_ Gender: \_\_\_\_\_

## FAMILY INFORMATION

Name of father, stepfather or guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Name of mother, stepmother or guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Check if applicable:  Father deceased  Mother deceased  Parents divorced  
Ages of other children in your family: \_\_\_\_\_ # of family members in college: \_\_\_\_\_

## COLLEGE INFORMATION

Year in college (upcoming academic year): \_\_\_\_\_  
College or University attending: \_\_\_\_\_  
City and State of School: \_\_\_\_\_  Full-time  Part-time  
Major field of study: \_\_\_\_\_  
If part-time, # of credit hrs per sem.

## CAREER GOALS

Write a brief statement describing your career goals in the space below

Last Name:

First Name:

**SCHOOL ACTIVITIES**

List your extracurricular activities in the order of importance to you.

Activity	Grade Participated (9,10,11,12)	Role or Leadership Position Held

**AWARDS AND HONORS**

List any awards and honors you have received during high school.

Award or Honor Received	Grade	Criteria Award Based On

**COMMUNITY SERVICE**

These volunteer services must have taken place **outside** of school hours.

Organization	Grade	Description of Services	Hours <small>(Total or per week)</small>

**EMPLOYMENT AND INTERNSHIPS**

List your work and/or intern experience beginning with the most recent position.

Organization	Type of Work	Dates Employed or Internship	Hours <small>(Total or per week)</small>

# ESSAY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

*Write your essay in the space provided below. The margins, font and font size are set and should not be changed.*

Describe why you are choosing this particular field of study and what you intend to do when you receive your degree.

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Briefly describe how agriculture impacts your everyday life.