

DeKalb Young Farmers Scholarship

About the Donor

This scholarship is presented by the DeKalb Young Farmers Chapter, whose members are dedicated to furthering the educational, social, and personal opportunities of students in the agricultural industry.

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, or Lakewood Park Christian High School**, (DeKalb County, Indiana) studying an agriculture or consumer and family science related field.

Applicant must also:

- Be a resident of DeKalb County, Indiana
- Enroll at an accredited college or university

Selection will be based on involvement in agricultural and consumer and family sciences activities, leadership activities, scholastic record, and career objectives.

Required Forms (Complete and print the forms; submit the forms in the order listed.)

- Scholarship Cover Page
- Completed Application
- Essay
- One (1) Letter of Recommendation from an adult not related to you

Deadline to Apply

Deadline is January 31st. Please submit your application and required documents to Program@CFDeKalb.org.

DeKalb Young Farmers Scholarship

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 (Total or per week)

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 (Total or per week)

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.

Write an essay describing your academic choice, including career goals and expectations, background in this area, and what has influenced your decision to seek a higher education.

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Letter of Recommendation Form

Applicant Information

Complete the section below on the computer before submitting to your selected individual. Choose whether you want the letter to be returned to you or someone else, such as a guidance counselor, by checking the appropriate box.

Last Name: _____ First Name: _____ Middle: ___ Address: _____

Phone: _____ City: _____
State: _____ Zip: _____

Recommendation Requested From: _____ Phone: _____

Relationship to you (ie: coach, counselor): _____

Return to: Applicant _____ By Date: _____

The above named student is applying for a scholarship and is requesting a letter of recommendation from you. This reference of personal character provides the scholarship committee with a more in-depth perspective of the applicant. Please take a few minutes to truly reflect on the applicant and include any information you feel would be beneficial to know.

If you are unable to complete this letter by the deadline, please notify the applicant so that he/she may secure another reference.

When providing a letter of recommendation:

1. Please type your letter on a separate sheet of paper and attach this form.
2. Please incorporate the following topics in your letter:
 - Compare this student to others you have known.
 - Describe the qualities and characteristics you feel set this student apart from others.
 - Describe any special circumstances you feel are relevant.