

Agricultural Scholarship

2020 Idaho AgFest

Student Information

PLEASE FILL OUT THIS FORM TO THE BEST OF YOUR ABILITY.

FAILURE TO SUBMIT HIGHSCHOOL TRANSCRIPTS AND ONE-PAGE ESSAY WILL RESULT IN DISQUALIFICATION.

APPLICANT MUST MEET THE FOLLOWING REQUIREMENTS:

BE AN IDAHO RESIDENT

STUDENT OR PARENT WORK IN
AGRICULTURE OR AG-RELATED BUSINESS

HAVE A MINIMUM 2.5 GPA

FULL NAME: _____

TELEPHONE: _____

ADDRESS: _____

EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF COLLEGE OR UNIVERSITY
YOU PLAN TO ATTEND: _____

HAVE YOU OFFICIALLY BEEN ACCEPTED? Y OR N

PROPOSED COURSE OF STUDY: _____

COLLEGE START DATE: / /
M D Y

PLEASE ATTACH LETTERS OF RECOMMENDATION BELOW.

Family Information

TOTAL # OF HOUSEHOLD MEMBERS: _____

TOTAL ANNUAL INCOME: \$ _____

MOTHER'S OCCUPATION: _____

FATHER'S OCCUPATION: _____

PERSONAL OCCUPATION: _____
(IF APPLICABLE)

SPOUSE'S OCCUPATION: _____
(IF APPLICABLE)

HAVE YOU APPLIED FOR OTHER FINANCIAL ASSISTANCE? Y OR N

HAVE YOU RECEIVED OTHER FINANCIAL ASSISTANCE? Y OR N

IF YES, SPECIFY: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND MAY BE VERIFIED BY COMMUNITY COUNCIL OF IDAHO.

Applicant's Signature: _____

Date: _____