



RETURN BY: March 20th, 2015 TO: ProAg Scholarships PO Box 126 Olivia, MN 56277

2015 LEADER AND ACADEMIC SCHOLARSHIP APPLICATION

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Please print or type application.					(This application s	hould NOT	be returned to AFA directly.)				
Name: (Mr., Ms.)					Last 4 Digits		of Social Security Number:				
Mailing Address:		City:	City:		State:		Zip:				
County of Residence:	Phone:	I		Email:			Date of Birth:				
High School:	High Schoo		GPA: High School Graduation E		n Date:	High S	chool Rank:				
Parent(s) or Guardian:			Primary Guardian's Mailing Address (if different than above):								
Father's Occupation:			Mother's Occupation:								
How did you hear about the scholarship?											
Signature of Applicant, Guardian and School counselor (Required for eligibility) We certify that all information given on this application is true, correct and complete. We understand that the AFA Leader and Academic Scholarship is to be used for tuition and fees (a maximum of \$1,600 per semester) during the freshman year. We understand that if a student enrolls in a college or university where tuition and fees per semester are less than \$1,600, the scholarship pays the lesser amount per semester but must be activated within two years of receiving the scholarship. The remaining funds may be allocated to later semesters until \$3,200 is exhausted. We understand that full participation in the AFA Leaders Conference November 5-8, 2015 , is a requirement to receive scholarship funds from AFA. We understand that scholars must enroll, and remain in good standing, in a four-year agriculture-related degree program. We understand that should the student change majors to an unrelated program before or at any time during administration of the scholarship, the scholarship will be void.											
Applicant:				Date:							
Parent(s) or Guardian(s):			Date:								
High School Counselor or College Advisor:					Date:						
COLLEGE INFORMATION											
Name of college or university you plan to attend:											
Have you applied for admission?						If yes, have you been accepted? Please Choose					
If you listed a community college above, where do you plan to complete a four-year degree program? (Scholarship recipients must plan to complete a four-year degree.)											
Vocation/Major (Be Specific):											
What is your career plan/goal?											
Please list other sources of financial assistance you expect to receive. Financial need is a criteria determined by a local committee. AFA Scholarships must be activated within two (2) academic years or be forfeited.											
Source of support						Amou	nt				

*Provide additional information on white bond paper if necessary.

Please list the year(s) active at each level of service or membership.

COMMUNITY SERVICE									
Activities (Provide additional information paper if necessary.)	ation on white bond	Offices/Roles Held	Local	County	State	Years			
STUDENT GROUP ACTIVITI	ES								
Organization		Offices Held	Local	County	State	Years			
STATEMENT									
What community and organizational activities have been most meaningful to your personal and career development?									
WORK EXPERIENCE									
Please list jobs (including summer employment) you have held in the past four years.									
Job/Title	Employer		Approximate dates of employment			Approximate number of hours per week			
ESSAY									
Write an essay sharing your personal vision for agriculture, stating why you are interested in an agricultural career. The essay should be 300-500 words. The selection committee may use this essay for reference during the personal interview. Please prepare on white bond paper and attach one copy to this form or use.									

A partnership with Agriculture Future of America P.O. Box 414838 Kansas City, MO 64141 P: (816) 472-4232 F: (816) 472-4239 **ProAg Scholarships PO Box 126 Olivia MN 56277** joelmathiowetz@gmail.com 507-430-8336