

List student organizations you are involved in. Include offices held or leadership-related activities.

List any employment you've had and describe responsibilities at that job.

List other scholarships you expect to receive for the 2019-2020 school year.

In your own words please tell why you feel you are qualified to be chosen for this scholarship.

CERTIFICATION

I have completed this application and the records are true, complete, and accurate. I am a former recipient of a Harrison County Agri-Business Association Scholarship. (This includes the Mike Emery Memorial Scholarship and any other HCABA-awarded Scholarship.)

Signature of Applicant

Return application form and attachments to:

Scholarship Selection Committee
HCABA
PO Box 1717
Marshall, TX 75671

NOTE: Applications must be postmarked on or before the first Monday of March.

NO applications will be accepted after this date!

NOTE: Documentation must be attached. You must include college transcripts. Proof of enrollment for fall 2019 must be forwarded to address above for payment to be made by HCABA. Attach letter(s) of recommendation from current or past professor(s) or advisor(s) and/or employer(s).

