

# Porter County Farm Bureau INC.

## APPLICATION FOR SCHOLARSHIP

*Application...Page 1*

The applicant should complete and return pages 1, 2, 3, and 4 of this application to the School Guidance Office. The Counselor will complete page 5 and forward the application directly to the Porter County Farm Bureau Woman's Leader, who will forward same application to the Scholarship Selection Committee. All information will be treated with confidence.

(Please Print)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_  
Area Code Number

Sex:  Male  Female

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_  
Month Day Year City State

Are your parent's Farm Bureau members?  yes  no

If yes, please list township and member number:

\_\_\_\_\_  
Township Membership Number

Father's Name \_\_\_\_\_ Is Father living?  yes  no

Mother's Name \_\_\_\_\_ Is Mother living?  yes  no

If parents are not living, give name, relationship and address of person(s) from whom you derive support.

Name	Relationship	Address
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We hereby certify that the information on the attached application and forms to be an accurate and true statement, to the best of our ability.

Date \_\_\_\_\_ Student: \_\_\_\_\_

Parent: \_\_\_\_\_

I hereby certify that the above named applicant is the winner of a Porter County Farm Bureau, Inc. scholarship for the year 20\_\_\_\_.

Date \_\_\_\_\_ County President: \_\_\_\_\_

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Name of High School now attending: \_\_\_\_\_

Name of university, college, or technical school you plan to attend:  
\_\_\_\_\_

Estimated cost per year: \_\_\_\_\_

Employment during vacations or outside school hours:  
\_\_\_\_\_  
\_\_\_\_\_

List by year all school and community activities in which you have participated and any honors you have received:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Father's employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Nature of business \_\_\_\_\_ Position Held \_\_\_\_\_

Name of Mother's employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Nature of business \_\_\_\_\_ Position Held \_\_\_\_\_

Please give number of dependents in family (excluding yourself)

In elementary school \_\_\_\_\_

In junior/senior high school \_\_\_\_\_

In higher education \_\_\_\_\_





**PORTER COUNTY FARM BUREAU, INC. SCHOLARSHIP**

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To be completed by School Counselor

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
SCHOOL

This student will probably rank \_\_\_\_\_ in a class of \_\_\_\_\_ Point Index \_\_\_\_\_

SAT Test: Scores: Verbal \_\_\_\_\_ Math \_\_\_\_\_

Other Tests: \_\_\_\_\_  
\_\_\_\_\_

List possibilities of other scholarships available to this student and any additional comments that you feel the Scholarship Selection Committee should consider.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check: Estimation of applicant's future success, based on the purpose of this applicant:

- Little Success
- May encounter some difficulty
- Average
- Above Average
- Superior

Please check: Scholarship Recommendation:

- Recommended
- Not recommended
- Prefer not to make choice

Date \_\_\_\_\_ School Counselor: \_\_\_\_\_