

PLEASE TYPE OR PRINT IN INK.

GENERAL INFORMATION

NAME _____
LAST, FIRST MIDDLE

SOCIAL SECURITY _____ MALE FEMALE DATE OF BIRTH _____

PERMANENT MAILING ADDRESS:

CITY

STATE

ZIP CODE

COUNTY

PHONE _____ PARENT'S NAMES _____

EMAIL ADDRESS _____

SCHOOL ATTENDING _____

ADDRESS WHILE AT SCHOOL:

CITY

STATE

ZIP CODE

SCHOOL PHONE _____

CLASSIFICATION DURING THE UPCOMING TERM/SEMESTER _____

MAJOR _____

SECONDARY OR MINOR AREA(S) OF STUDY _____

CAREER CHOICE _____

EXPECTED ENROLLMENT STATUS FOR 2010-2011 FULL TIME (12 HRS OR MORE) PART TIME

COLLEGE INFORMATION

(IF THERE IS NOT ENOUGH ROOM TO TYPE ON THIS FORM, PLEASE PROVIDE INFORMATION ON AN ATTACHED SHEET.)

1. LIST COLLEGE/UNIVERSITY/COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATED (INCLUDE LEADERSHIP ROLES).

2. INDICATE ANY HONORS OR SPECIAL RECOGNITION YOU HAVE RECEIVED IN COLLEGE.

3. WORK AND JOB EXPERIENCE.

4. HIGH SCHOOL ACTIVITIES, HONORS, ETC.

HIGH SCHOOL ATTENDED _____ CITY STATE

PLEASE ADDRESS A LETTER TO THE SELECTION COMMITTEE OUTLINING YOUR FUTURE CAREER PLANS AND DESIRE TO RECEIVE A SCHOLARSHIP. SUBMIT LETTER WITH COMPLETED SCHOLARSHIP APPLICATION.

ACADEMIC VERIFICATION: TOTAL HOURS COMPLETED _____
MY CURRENT CUMULATIVE GPA _____
MY CURRENT GPA WITHIN MY MAJOR _____

PLEASE ATTACH A COPY OF A CURRENT TRANSCRIPT OR HAVE A SCHOOL OFFICIAL COMPLETE THE FOLLOWING VERIFICATION:

SIGNATURE OF SCHOOL OFFICIAL

TITLE

DATE

NAME OF SCHOOL

CITY, STATE

THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I GIVE THE SCHOOL AND FARM CREDIT OF NESS CITY, FLCA, CONSENT TO USE INFORMATION CONTAINED HEREIN FOR PRESS RELEASE.

DATE

SIGNATURE

TO BE CONSIDERED FOR THIS SCHOLARSHIP, FARM CREDIT OF NESS CITY, FLCA, MUST RECEIVE THE COMPLETED APPLICATION NO LATER THAN APRIL 4, 2011.

RETURN COMPLETED FORM TO:

SCHOLARSHIP
FARM CREDIT OF NESS CITY, FLCA
PO BOX 457
NESS CITY, KS 67560