

## **Dr. Jon D. “Doc” Schroeder Memorial Scholarship**

**Sponsored by  
the Jon and Karen Schroeder Family Foundation and Concordia Veterinary Clinic**

This scholarship is established in honor of Dr. Schroeder’s years of veterinary service to Concordia and the surrounding areas. The purpose of this scholarship is to assist students in pursuing a higher education in the area of math or science or a career in agriculture or a related biology-based field.

Dr. Jon Schroeder graduated from Kansas State University, College of Veterinary Medicine, in 1975. He and his wife Karen moved to Concordia, Missouri, in June 1975 and worked with Dr. Dale and Lucille Bivin for one year and then purchased the veterinary practice in June 1976 and renamed it Concordia Veterinary Clinic. After 42 years of practicing veterinary medicine, Dr. Schroeder retired in September 2017 and sold the veterinary practice to his colleague and friend, Dr. Paul Smith and his wife Rhonda.

### **General Information**

1. Applicant must be a high school senior.
2. Applicant must be a current FFA member.
3. Applicant must have a 2.5 or higher grade point average.
4. Applicant must plan to attend a two-year or a four-year college or university.
5. Applicant must plan to study math, science, agriculture or a related biology-based subject.
6. Applicant must demonstrate participation and leadership in school and community activities.
7. The amount of each scholarship awarded is \$1000, which will be paid directly to the institution to which the student has been accepted. Proof of enrollment must be provided to the benefactor by January 9, 2021, or the scholarship will be forfeited. *(The name and address of the benefactor is listed on the last page of this application.)*
8. The scholarship award will be presented at graduation ceremonies.

### **Requirements**

All applications must contain the completed application form along with the following supporting documents:

- Two letters of recommendation from a teacher, counselor, school administrator or an employer. The reference letters should include statements applicable to the applicant’s character, honesty, and dependability.
- Copy of high school transcript.
- All of the above requirements must be submitted on or before ***April 1*** to the high school guidance counselor.

**Dr. Jon D. “Doc” Schroeder Memorial Scholarship  
Application Form**

|                           |                 |                          |                |            |
|---------------------------|-----------------|--------------------------|----------------|------------|
| (First Name)              | (Middle Name)   | ( Last Name)             | (Gender)       |            |
|                           |                 |                          |                |            |
| (Home Address of Student) | (City)          | (County)                 | (State)        | (Zip Code) |
|                           |                 |                          |                |            |
| (Age)                     | (Date of Birth) | (Social Security Number) | (Phone Number) |            |

Name of Parents or Guardian: \_\_\_\_\_

Parents or Guardian’s Occupation: \_\_\_\_\_

Are you a current FFA member? \_\_\_\_\_ How many years? \_\_\_\_\_

What college or university do you plan to attend? \_\_\_\_\_

What is your intended major and career goal? \_\_\_\_\_

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Describe your high school Supervised Agriculture Experience Program through FFA:

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List the work experience you have had during your high school years:

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Indicate what you have done and plan to do to help meet your higher education expenses:

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List your church, community and volunteer activities:

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List your top high school activities and offices held:

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List honors and awards you have received:

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## **References**

For references, give the name, address and occupation of **two** non-related persons you have contacted concerning your qualifications. Attach a copy of each letter of recommendation to the application and submit it to the high school guidance counselor no later than ***April 1***.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date)*

## **Approval of Parents**

I have read the statements of this application. They are accurate and I approve of this application.

\_\_\_\_\_  
*(Signature of Parent or Guardian)*

\_\_\_\_\_  
*(Date)*

*Benefactor's name and address:*      *Jon and Karen Schroeder Family Foundation  
Attn: Karen Schroeder  
4589 Cooks Store Rd.  
Concordia, MO 64020*