

# Instructions for Student

The Ray-Carroll County Grain Growers Scholarship Fund will grant several scholarships to seniors who are children of Ray-Carroll members or members of Ray-Carroll themselves and who are graduating this year from a high school located in the Ray-Carroll trade territory.

To be considered for this scholarship you must complete the following requirements:

1. Attend a school or university in Missouri.
2. Ensure that the completed application and required information are at Ray-Carroll's main office in **Richmond by Wednesday, February 12, 2020.**
3. Complete the application form in ink or with a typewriter or computer.
4. Write a personal information essay that covers the points listed below:
  - The vocation or profession you plan to pursue.
  - Why you have made this choice.
  - Why you desire to attend college or take vocational training.
  - The influence that you expect college or vocational training to have on your life.
  - How much education/training you plan to pursue.
  - How much of the cost you and your parents will be able to meet.
  - What high school has meant to you.
  - School, community and church activities.
  - Any other information you desire to present including unusual family or financial situations.
5. Ask **three or more** teachers or other individuals who have had you in class or activities to write a letter of recommendation for you. These letters should be given to the counselor, not handed to you. It will be your responsibility to choose an individual who knows you well and is able to write a knowledgeable letter about you and your abilities. Please check with these individuals before the scholarship deadline to ensure that the letters have been completed and delivered to the counselor.
6. Remind the counselor that he/she needs to include a copy of your **seven-semester transcript** along with a notation of your **class rank** and **number of students in your graduating class**, **current grade point average**, and **ACT score**.
7. **Finish all materials in time for your complete application to be at the Richmond office by Wednesday, February 12, 2020.**

We are pleased that you are taking advantage of this opportunity. The Ray-Carroll County Grain Growers Scholarship Fund is eager to award these scholarships to deserving students who might not otherwise receive such aid.

Sincerely,  
Ray-Carroll County Grain Growers Scholarship Committee

## APPLICATION FOR RAY-CARROLL SCHOLARSHIP

I desire to be considered as a candidate for the Ray-Carroll Scholarships to be given this year. **I understand that I must be the child of a Ray-Carroll member or be a member of Ray-Carroll myself**, that I must attend a school or university in the state of Missouri, that I must include a transcript containing my class rank, grade point average and ACT scores with this application, that I will obtain three letters of recommendation from my teachers or other individuals who know me well and will be able to write a knowledgeable letter about me and my abilities and that I will prepare a brief paper covering, but not limited to, the following subjects: (1) the vocation or profession I plan to pursue, (2) why I have made this choice, (3) why I desire to attend college or take vocational training, (4) the influence that I expect this education to have on my life, (5) how much training I plan to take, (6) how much of the cost my parents and I will be able to meet, (7) what high school has meant to me, (8) school, community and church activities, and (9) any unusual family or financial situations that I would desire to present to the committee.

### Please print or type

Name in Full \_\_\_\_\_  
First \_\_\_\_\_ Full Middle Name \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birthplace \_\_\_\_\_

Full Name of  
Parent or Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Permanent Address of  
Parent or Guardian \_\_\_\_\_  
St. or Rt. No. \_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

On the following line, list the names and ages of all brothers and sisters who are dependent upon this family unit for their support (exclude yourself).

Missouri School or College I Plan to Attend \_\_\_\_\_

List below the name of the individual whose Ray-Carroll membership makes you eligible for this scholarship and your relationship to this individual. If that individual's membership is through a far or corporate business, please list the farm/corporate name as well as the individual's name.

Individual's name	(Farm/Corporate Name, If Applicable)	Your Relationship to this Individual
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Please list all other scholarships, awards or financial aids for which you have applied or which have been granted to you (indicate which) for the coming years. (Use back of form for more room.)

Name of Financial Aid	Value	Has it been granted to you?
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\_\_\_\_\_  
Your Signature