

VERNON COUNTY FARM BUREAU SCHOLARSHIP  
Sponsored by Vernon County Farm Bureau Women's  
Committee and Vernon County Farm Bureau

**Vernon County Farm Bureau**  
**103 South Oak**  
**Nevada, Missouri 64772**

Due April 15 to Counseling Center

(Please type or print in ink)

DATE \_\_\_\_\_

NAME (first, middle, last) \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

NAME OF HIGH SCHOOL \_\_\_\_\_

FULL NAME OF PARENTS/GUARDIANS \_\_\_\_\_

ADDRESS OF PARENTS/GUARDIANS \_\_\_\_\_

OCCUPATION OF PARENT(S) OR GUARDIAN(S) \_\_\_\_\_

NUMBER OF BROTHERS AND SISTERS OLDER THAN YOU \_\_\_\_\_

YOUNGER THAN YOU \_\_\_\_\_

NUMBER OF SIBILNGS IN COLLEGE THIS COMING YEAR \_\_\_\_\_

WHAT COLLEGE/UNIVERSITY DO YOU PLAN TO ATTEND?

DATE YOU EXPECT TO ENTER (Month and Year) \_\_\_\_\_

DO YOU PLAN TO COMMUTE FROM HOME? \_\_\_\_\_

IF NOT, WHERE DO YOU PLAN TO LIVE? \_\_\_\_\_

LIST ANY SCHOLARSHIPS, WHICH YOU HAVE RECEIVED TOWARD COLLEGE EXPENSES  
(GIVE NAME AND AMOUNT)

LIST ANY OTHER SOURCES OF FINANCIAL ASSISTANCE FOR YOUR COLLEGE EXPENSES:

WHAT WILL BE YOUR MAJOR COLLEGE STUDY AND WHAT ARE YOUR LONG TERM  
EDUCATIONAL PLANS?

WHAT DO YOU PLAN TO DO WITH YOUR EDUCATION? (EMPLOYMENT, CAREER, ETC.)

INDICATE WHAT YOU HAVE DONE TO PLAN AHEAD TO HELP MEET YOUR ANTICIPATED  
COLLEGE EXPENSES. HOW HAVE YOU EARNED OR SAVED MONEY? DO YOU PLAN TO WORK  
WHILE ATTENDING COLLEGE?

**AFTER YOU HAVE COMPLETED THE APPLICATION, PRESENT IT TO YOUR PRINCIPAL OR COUNSELOR FOR THEIR CERTIFICATION AND DELIVERY TO THE SCHOLARSHIP SELECTION COMMITTEE (VERNON COUNTY FARM BUREAU).**

THE **APPLICANT** HEREWITH CONSENTS THAT THE SCHOLARSHIP SELECTION COMMITTEE BE FULLY INFORMED AS TO THE APPLICANT'S SCHOLASTIC STANDING. CHARACTER AND OTHER FACTORS HAVING A BEARING ON THIS APPLICATION AND CONFIRMS THAT ALL INFORMATION THEY HAVE PROVIDED IS TRUE AND ACCURATE.

SIGNATURE OF APPLICANT \_\_\_\_\_

**NOTE:** THE FOLLOWING INFORMATION IS TO BE COMPLETED BY A PRINCIPAL OR COUNSELOR.

THIS IS TO CERTIFY THAT THE ABOVE APPLICANT RANKED \_\_\_\_\_ ON THE FIRST SIX SEMESTERS OF WORK IN A CLASS OF \_\_\_\_\_ SENIORS. DATE OF HIGH SCHOOL GRADUATION WILL BE \_\_\_\_\_. THE APPLICANT HAS TAKEN THE FOLLOWING COLLEGE APTITUDE TEST UNDER THE MISSOURI STATE WIDE TESTING PROGRAM:

<u>TEST</u>	<u>FORM NO.</u>	<u>SCORE</u>	<u>DATE TESTED</u>
SAT	_____	_____	_____
ACT	_____	_____	_____
OTHER	_____	_____	_____

THE COMMITTEE WOULD APPRECIATE A BRIEF STATEMENT CONCERNING YOUR  
EVALUATION OF THIS APPLICANT'S CITIZENSHIP AND WORTHINESS FOR SCHOLARSHIP  
CONSIDERATION.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

PRINCIPAL OR COUNSELOR \_\_\_\_\_

NAME OF HIGH SCHOOL: NEVADA HIGH SCHOOL

ADDRESS OF HIGH SCHOOL: 800 WEST HICKORY, NEVADA MO 64772, 417-448-2031