



Agricultural Scholarship Application

Name: _____ Birthdate: _____

Address: _____ Email: _____

City: _____ State: _____ Zipcode: _____

County of Residence: _____ Phone: _____

Father's Name: _____ Age: _____

Father's Occupation (Please be specific): _____

Mother's Name: _____ Age: _____

Mother's Occupation (Please be specific): _____

Sibling Name:	Age:	School (if attending) :
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

High School: _____ Graduation Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zipcode: _____

Class Rank (Please attach transcript of grades) : _____

College, Technical School or other Post-High School Program planning to attend:

Major/Area of Study: _____

Application must be received no later than March 1, 2017 to be eligible.

Please return to: Lindsay Sankey, P.O. Box 516, Richmond, IN 47375 or scholarships@harvestlandcoop.com
Phone: 765.962.1527 | Fax: 765.962.3855

Work Experience - Please list any jobs that you hold or have held:
(Employer, Position and Length of Employment)

Other Scholarships or Grants you will be receiving:

Name:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please provide information about your local newspaper:

Name: _____ City: _____ Phone: _____

- On the attached sheet of paper, list extracurricular/leadership activities.
- On the attached sheet of paper, prepare a short statement regarding your future career plans **in an agricultural related field.**

I understand that I am voluntarily releasing the above information to Harvest Land Co-op, Inc. for the purpose of applying for a scholarship for the upcoming academic year for an agricultural related program. Harvest Land Co-op is authorized to review the information in this context.

I also understand that if I am awarded a scholarship, it will be paid upon verification of successful completion of my first semester, quarter or term and enrollment in my second semester, quarter or term.

Signed _____ Date _____



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