



## 2020 SCHOLARSHIP PROGRAM

**Please complete all sections of the application.** If space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application. The last page of the application is an appraisal to be completed by an advisor, supervisor, counselor, or instructor. The application is not complete if this is not present. Please make sure to also send a transcript with the application.

**Application postmark deadline is March 31.**

---

### Applicant Information

**NAME** Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

**PERMANENT MAILING ADDRESS** Street Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**DATE OF BIRTH** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**EMAIL** Best Contact Email \_\_\_\_\_

---

### Parent or Guardian Information

**NAME** Parent(s) or Guardian(s) Names \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_



## 2020 SCHOLARSHIP PROGRAM

**HIGH SCHOOL DATA**

SCHOOL NAME \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

PRINCIPAL \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

ADDRESS Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**POST-SECONDARY SCHOOL DATA**

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which applications for admission have been sent.)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

- 4 yr. College or University                       2 yr. Community or Junior College
- Vocational-Technical School                       Other, explain \_\_\_\_\_

Major or course of study \_\_\_\_\_

**WORK EXPERIENCE**

Describe your work experience during **the past four years**. Indicate dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job.

Company/Position	Dates		Hours Per Week	Amount Earned
	From-Mo/Yr	To-Mo/Yr		

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Indicate all special awards, honors and offices held.

Activity	No. of Years Participating	Special Awards, Honors	Activity	No. of Years Participating	Special Awards, Honors

---

**GOALS  
AND  
ASPIRATIONS**

Make a statement of your plans as they relate to your educational and career objectives and future goals.

---

---

---

---

**UNUSUAL  
CIRCUMSTANCES**

Please report and explain how any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

---

---

---

---

**APPLICATION  
CHECKLIST**

This application for a scholarship becomes complete and valid only when you have returned all of the following materials:

- Student Application
- Current Transcript(s) of grades to:

The student is responsible for submitting all materials on time

**AG PARTNERS SCHOLARSHIP PROGRAM**

Scholarship Committee  
901 N. 4<sup>th</sup> Street  
Le Sueur, MN 56058

**Postmark Deadline: March 31**  
(Any applications postmarked after March 31 will not be considered for a scholarship.)

---

**SELECTION OF  
RECIPIENTS**

The Ag Partners Scholarship Committee has the sole responsibility for selecting recipients, basing the decision on criteria as set forth in the program's brochure.

---

**CERTIFICATION**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of Ag Partners.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Applicant Appraisal

Please have a high school counselor, advisor, instructor, or supervisor complete the following.

## **APPLICANT APPRAISAL (REQUIRED)**

To be completed by a high school counselor or advisor, an instructor, or a supervisor who knows you well. You have been asked to provide information in support of this scholarship application. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a post-secondary program is  extremely appropriate  very appropriate  moderately appropriate  not appropriate

The applicant's achievements reflect his/her ability  extremely well  very well  moderately well  not well

The applicant's ability to set realistic and attainable goals is  excellent  good  fair  poor

The quality of the applicant's commitment to school and community is  excellent  good  fair  poor

The applicant is able to seek, find, and use learning resources  extremely well  very well  moderately well  not well

The applicant demonstrates curiosity and initiative  extremely well  very well  moderately well  not well

The applicant demonstrates good problem-solving skills, follows through, and completes tasks  extremely well  very well  moderately well  not well

The applicant's respect for self and others is  excellent  good  fair  poor

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **TRANSCRIPT**

Applicant **must** include a high school transcript of grades and have the following section completed by the appropriate school official.

## **INFORMATION (REQUIRED)**

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_/ 4.0 scale

PSAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ ACT English \_\_\_\_\_ Math \_\_\_\_\_

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

School Official's Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_