



2023 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 (_____) _____
Ag Partners Patron Account # _____

**VOLUNTEER
ACTIVITIES**

List your school or community activities that illustrates your commitment to volunteering.

**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
P.O. Box 218
Goodhue, MN 55027

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 INFORMATION (REQUIRED)

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

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 _____