



# 2024 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 1, 2024.**

## APPLICANT INFORMATION

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**NAME** Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

**PERMANENT MAILING ADDRESS** Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DATE OF BIRTH** MM \_\_\_\_ / DD \_\_\_\_ / YYYY \_\_\_\_\_ Phone\_(\_\_\_\_\_) \_\_\_\_\_

**EMAIL** Best Contact Email \_\_\_\_\_ be sure to check your spam folder for terra.wierson@agpartners.net or updates@agpartners.net

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## PARENT OR GUARDIAN INFORMATION

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Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Phone\_(\_\_\_\_\_) \_\_\_\_\_

Ag Partners Patron Account # \_\_\_\_\_

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HIGH SCHOOL DATA

School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_
Principal \_\_\_\_\_ Phone\_( \_\_\_\_\_ ) \_\_\_\_\_
Street Address \_\_\_\_\_ 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 admissions have been sent.)
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_
[ ] 4 year College or University [ ] 2 year Community or Junior College
[ ] Vocational-Technical School [ ] Other, explain \_\_\_\_\_
Major or course of study \_\_\_\_\_ [ ] Unsure

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.
Table with 5 columns: COMPANY/POSITION, FROM Mo/Yr, TO Mo/Yr, HOURS/WK, DUTIES

ACTIVITIES, AWARDS, AND HONORS

List all school activities in which you have participated during the past four years (i.e.: student government, music, sports, etc)
Table with 3 columns: ACTIVITY, NO. OF YEARS PARTICIPATING, SPECIAL AWARDS, HONORS, OFFICES HELD



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VOLUNTEER ACTIVITIES

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

Four horizontal lines for writing volunteer activities.

GOALS AND ASPIRATIONS

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

Four horizontal lines for writing goals and aspirations.

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.

Four horizontal lines for writing unusual circumstances.

APPLICATION CHECKLIST

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

- Completed Scholarship Application & Appraisal
- Current transcript of grades

The student applicant is responsible for submitting all materials on time. The application postmark deadline is:

**MARCH 1, 2024.**

Mail to: **Ag Partners Scholarship Committee**  
**P.O. Box 218**  
**Goodhue, MN 55027**

*Any applications postmarked (or received in person) later than March 1 will not be considered for this 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 application.

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 \_\_\_\_\_



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APPLICANT APPRAISAL

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

Table with 5 columns for rating options: Extremely appropriate, Very appropriate, Moderately appropriate, Not appropriate. Rows include questions about post-secondary choice, achievements, goals, commitment, learning resources, curiosity, problem-solving skills, and respect.

Comments:

Appraiser's Name, Title, Phone, Signature, Date, Business Address, City, State Zip

APPLICANT TRANSCRIPT

Applicant must include a high school transcript of grades and have the following section completed by the appropriate school official. (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 Name, Title, Phone, Signature, Date, School Address, City, State Zip