



2025 SCHOLARSHIP APPLICATION

The scholarship program for dependent children of Ag Partners qualifying members. Up to twenty \$1,000 awards will be granted this year to students who are high school seniors or recent high school graduates. Eligible applicants are students planning to enroll for the first time in a full-time undergraduate course of study at a two or four-year college, university, or vocational-technical school.

Please complete all sections of the application: 1. Application, 2. Applicant Appraisal, 3. High School Transcript. The application is not complete until all three components are submitted. If space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application.

This scholarship program application is a competitive process.

This application postmark deadline is March 1, 2025.

SECTION 1: APPLICATION

APPLICANT INFORMATION

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

PARENT OR GUARDIAN INFORMATION

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, 2025.

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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SECTION 2. 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 of response options (Extremely appropriate, Very appropriate, Moderately appropriate, Not appropriate) and 7 rows of appraisal questions.

Comments:

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

SECTION 3. APPLICANT TRANSCRIPT

Applicant must include a printed 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, PSAT, SAT, ACT, School Official's Name, Title, Phone, Signature, Date, School Address, City, State Zip