



2026 SCHOLARSHIP APPLICATION

This scholarship program is intended for dependent children of Ag Partners qualifying members. Eligible applicants are students who are high school seniors or recent high school graduates and 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. Up to twenty \$1,000 awards will be granted this year

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, 2026.

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 # _____	

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.

COMPANY/POSITION	FROM Mo/Yr	TO Mo/Yr	HOURS/WK	DUTIES

ACTIVITIES, AWARDS, AND HONORSList all school activities in which you have participated during the **past four years** (i.e.: student government, music, sports, etc)

ACTIVITY	NO. OF YEARS PARTICIPATING	SPECIAL AWARDS, HONORS, OFFICES HELD

VOLUNTEER ACTIVITIES

Describe 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:

- Completed Scholarship Application & Appraisal
- Current transcript of grades

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

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

MARCH 1, 2026.

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 _____

SECTION 2: APPLICANT APPRAISAL

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:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Not appropriate
The applicant's achievements reflect his/her ability.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and community is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant's is able to seek, find and use learning resources is:	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates curiosity and initiative.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates good problem-solving skills, follows through and completes tasks.	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

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.

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 _____