



Application for Ag Scholarship



Sponsored By: Mountrail County Agricultural Improvement Association

Eligibility: Youth applying for this \$1000 Ag Improvement Scholarship must be a resident of Mountrail County, a high school senior to college junior, and planning enrolling in an ag-related program.

I hereby apply for a scholarship to continue my education by enrolling in an agricultural field at:

Name in Full: _____ Birth Date: _____
(Month) (Day) (year)

Home Address: _____
(Address) (City) (State) (Zip)

Name of Parent or Guardian: _____

Occupation of Parent or Guardian: _____

Number of Brothers: Older _____ Younger _____ Number of Sisters: Older _____ Younger _____

List any recent misfortunes that have occurred in your family which have affected your financial status such as illness, crop failure, tornado, etc.

Name and address of high school attended: _____

Name of superintendent or principal: _____

What is your scholastic rank in your high school graduating class?
_____ in a class of _____ seniors. Grade point average: _____

Were you raised on a farm? _____ Number of acres on the farm: _____

What investment of your own do you have in farming?

What has been the nature and extent of your participation in activities of:

Your School? _____

Your Church? _____

Your Community? _____

List any special recognition which you have received: _____

What are your favorite leisure time activities: _____

Current and/or Previous Employment:

Employer

Position

Employment Period

List the names of three people (not relative) to whom we may write concerning your character and rural leadership ability:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Write a paragraph of at least 50 words on why you wish to go to college and your general plans for the future: _____

Proposed Budget for my _____ year in college.
(1st, 2nd, 3rd, or 4th)

Estimated Income:

Scholarship fund \$ _____

Other Funds:

Already saved by myself \$ _____

Furnished by parents, guardian or others \$ _____

Borrowed by myself or by my parents for my use \$ _____

To be earned by myself while attending college \$ _____

Veterans Benefits (for military service) \$ _____

Total estimated income for the school term..... \$ _____

If granted the scholarship will you use it? _____

If granted the scholarship, is it possible for you or your family to finance the additional expenses, and is it possible for you to attend the regular full school term (September to May)? Yes or No: _____

If granted the scholarship, I agree to maintain a satisfactory scholastic record at _____ and to conduct myself in the community to the best of my ability. In recognition of any scholarship awarded to me, I pledge my best efforts to participate in significant leadership at _____ and in the community.

No scholarship is granted except for enrollment in a college of agriculture for the entire school year. In signing this application, I agree that if this scholarship is awarded to me, I will participate in orientation exercises and register on registration day and remain through the school year to the closing day of the spring quarter, without exception.

The information herein is true and correct to the best of my knowledge.

Date _____

Signature of Applicate _____

Return completed application by **APRIL 1** to:

Mountrail County Ag Agency
PO Box 40
Stanley, ND 58784



A copy of the application is available as either a word document or as a PDF file if requested.

Requests should be made through agagency@co.mountrail.nd.us.

Additional copies also available on website: <http://www.co.mountrail.nd.us/pages/ag-agency-weed-control>