## **Agribusiness Scholarship Program**

### **SPONSORED BY**



Please do not reproduce this application on your computer. Please complete and submit the application that is provided. You may make additional copies if you wish.

**HIGH SCHOOL SENIORS ARE NOT ELIGIBLE.** Qualified applicants must be attending a post-secondary college, university or technical school program.

Please complete and return by May 15th to the address listed below.

Insurance Advisory Council
The Insurance Center
ATTN: Randi Santos
701 Sand Lake Road
Onalaska, WI 54650

#### PERSONAL INFORMATION

NAME:		
HOME ADDRESS:		
CITY:	STATE:	_ ZIP:
Home Phone: ( )		
Male Female		
The college I am attending is:		
The field of study I plan to pur	sue is:	

		(LAST NAME)	
AG related activities (number of year	ars):	(= 2 · · · · · · · · · · · · · · · · · ·	
Lived on a farm	Studied VO-AG		
4–H Member	FFA Member		
4-H Jr. Leader			
FAMILY INFORMATION			
Parents' Names:			
Number of Children in family:			
Age of Brothers:	Age of Sisters:		
EXTRACURRICULAR ACTIVITIES			
High School/College (include curre	nt and previous years):		
FFA (Indicate years):			
4-H (Indicate years):			
Special awards, recognition, trips, e	etc. (year received):		

/LACT NIANAT\	
(LAST NAME)	

# **COMMUNITY AND CHURCH ACTIVITIES**

Community activities in which you participate(d):
Church and/or other organizations in which you participate(d):
Awards or recognitions received for involvement in community or church related activities
Involvement in Agribusiness functions
EMPLOYMENT HISTORY
Record of employment during non-school hours:

(LAST NAME)	

## WHAT ARE YOUR GOALS?

Project yourself ten years into the future. Tell us what goals and objectives you would like to achieve personally and professionally in the agribusiness field:				

DON'T FORGET TO INCLUDE YOUR TRANSCRIPTS