

## SEDGWICK COUNTY FARM BUREAU AGRICULTURAL ASSOCIATION -SCHOLARSHIP APPLICATION-

(PLEASE TYPE OR PRINT IN INK. APPLICATION MUST BE IN FARM BUREAU OFFICE BY FEBRUAY 1, 2024.)

Date:	(MM/DD/YYYY)	
Kansas Farm Bureau Member	ship Number	
	(Nine-digit number begin	ning with 150)
Name:		_ (Last, First, Middle)
Home Address:		
	Street, City, State, Zip	
Home Phone Number		
E-mail Address:		
Father's Name:		
Mother's Name:		
Date of Graduation:		
What college do you plan to at	ttend?	
What is your current desired c	areer, if any?	

Describe your membership in high school organizations, offices you have held, athletic activities, participation in debate or school plays and any honors or awards.

List the community or religious activities which you have been involved in since entering high school, such as scouts, church groups, 4-H club, etc. Give honors, rank or offices held in each.
In what other ways will you fund your education?
What other members of your family are currently attending college, if any?
List summer or part-time work experience. Please list the time you worked and duties.
Please summarize your reasons for desiring this scholarship.
Please summarize your understanding of Kansas Farm Bureau and Sedgwick County Farm Bureau Agricultural Association.

## Please include with this application:

1. Your high school transcript.

- 2. ACT Score (if not included in your transcript).
- 3. Two letters of recommendation from an adult with good knowledge of your character and abilities such as an employer, teacher, counselor, or pastor.

## Application Must be in Farm Bureau Office by February 1, 2024.

Please Submit to: <a href="mailto:sedgwickfb@kfb.org">sedgwickfb@kfb.org</a>

Or mail to: Sedgwick County Farm Bureau Agricultural Association

Scholarship Committee 889 N Maize Rd, Suite 100

Wichita, KS 67212