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| Adams Farms, Inc. |
| Pioneer Hybrid Agricultural Scholarship |
| **SCHOLARSHIP PROGRAM APPLICATION FORM** |
|  |  |  |  |  |  |  |
| **Deadline**: This application form and all other required documentation must be received by: **April 15th (5:00 pm central time)**. Mail to:Kelby Adams1227 260th Ave. Belpre, Kansas 67519 Questions? Call (620) 339-1118 (8 am - 5 pm weekdays) or email: kelby.adams@plantpioneer.comScholarship Amount: $500 The Pioneer Hybrid Agricultural Scholarship is restricted to graduates of Macksville High School and St. John High School. |
|  | **Required fields are indicated by an asterisk (\*).** |
|  |  |  |  |  |  |  |
|  | **\*Applicant's Name:** |   |
|  |  | \*First Name | Middle Name(s) | \*Last Name |
|  |  |  |  |  |  |  |
|  | Parents' or  |   |   |   |
|  | Guardians' Names |   |   |   |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **\*Home Address:** |   |
|  |  | \*Address |  |  |  |  |
|  |  |   |
|  |  | \*City |  | \*State |  | \*Zip |
|  |  |  |  |  |  |  |
|  | Parent/Guardian |   |
|  | Address - if different: | Address |  |  |  |  |
|  |  |   |
|  |  | City |  | State |  | Zip |
|  |  |  |  |  |  |  |
|  | **\*Primary phone:** |   |  |  |  |
|  |  |  |  |  |  |  |
|  | **Secondary phone:** |   |  | Extension: |   |
|  |  |  |  |  |  |  |
|  | **E-mail:** |   |  |  |  |
|  |  |  |  |  |  |  |
|  | **\*Date of Birth:** |   | (MM/DD/YYYY) |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **\*School you currently attend:** | \*Name: |   |
|  |  |  | \*City: |   | \*State: |   |
|  |  |  |  |  | \*Zip: |   |
|  |  |  | Phone: |   |   |
|  |  |  | Principal: |   |   |
|  |  |  |  |   |   |   |
|  | \*Cumulative GPA |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **\*Required for HS Students only - college admission composite test score(s).**  Attach photocopies of all score reports. |
|  | ACT: |   | SAT: |   | OTHER: |   |
|  |  |  |  |  |  |  |
|  | **\*List your high school and community activities:** |  |  |  |
|  |  |
|  | **\*What degree(s) are you pursuing?** |   |
|  |  |  |  |  |  |  |
|  | **\*What profession or field of employment do you wish to enter with your college degree?** |
|  |  |  |   |
|  |  |  |  |  |  |  |
|  | **\*If you plan to enter into an agriculture field after college, what field area do you plan to pursue?** |
|  |  |  |   |
|  |  |  |  |  |  |  |
|  | **\*Anticipated year of college graduation:** |   |  |
|  |  |  |  |  |  |  |
|  | **\*Please attach at least 2 character reference letters from the following list:** |  |
|  |  | School Counselor Personal (not family member) Minister/Youth Leader Instructor/Teacher Current/Previous Employer |
|  |  |
|  |  |  |  |  |  |  |
|  | ***\*Certification Statement:*** *By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.* |
|  | Signed: |   | Date:  |   |
|  |  |  |  |  |  |  |