

**KANE COUNTY FARM BUREAU FOUNDATION
SCHOLARSHIP APPLICATION
2N710 RANDALL ROAD ST. CHARLES, IL 60174
PH: 630/584-8660**

DEADLINE – FEBRUARY 15, 2010

SCHOLARSHIP(S) YOU ARE APPLYING FOR. (THOSE WHO MEET ELIGIBILITY REQUIREMENTS MAY APPLY FOR ALL SCHOLARSHIPS ON THE SAME APPLICATION.) SEE COVER LETTER FOR ELIGIBILITY REQUIREMENTS.

_____ KANE COUNTY FARM BUREAU FOUNDATION _____ CHARLES F. (CHUCK) SWANSON MEMORIAL SCHOLARSHIP
GENERAL SCHOLARSHIP

_____ JOHN BUCK MEMORIAL SCHOLARSHIP

PLEASE TYPE OR PRINT NEATLY

SECTION 1. GENERAL INFORMATION

DATE _____

NAME _____

S.S. NUMBER: _____

HOME ADDRESS _____
STREET OR RR CITY STATE ZIP

COUNTY _____ PHONE NUMBER _____

APPLICANT'S OR PARENT'S FARM BUREAU MEMBERSHIP NUMBER (IF APPLICABLE) _____

PARENT'S NAME(S) _____

PARENT'S ADDRESS _____
STREET OR RR CITY STATE ZIP

SECTION 2. ACADEMIC INFORMATION (Please enclose transcript of most recent full academic year (H.S. or College).**ALL STUDENTS**

HIGH SCHOOL ATTENDED _____ GRADUATION DATE _____

COLLEGE/UNIVERSITY CURRENTLY ATTENDING OR ACCEPTED _____

COMMUNITY COLLEGE ATTENDED _____ GRADUATION DATE _____

WHAT IS/WILL BE YOUR MAJOR AREA OF STUDY? (PLEASE BE SPECIFIC) _____

WHAT WAS YOUR HIGH SCHOOL G.P.A.? (PLEASE INCLUDE THE GRADING SCALE AS WELL) _____

HIGH SCHOOL RANK _____
(YOUR RANK) (# IN GRADUATING CLASS)

WHAT WAS YOUR COMPOSITE ACT SCORE? _____

WHAT IS OR WILL BE YOUR MAJOR AREA OF STUDY? _____

COLLEGE STUDENTS (PLEASE ENCLOSE TRANSCRIPT OF YOUR MOST RECENT FULL ACADEMIC YEAR)

WHAT IS YOUR COMMUNITY COLLEGE G.P.A.? _____

WHAT IS YOUR CURRENT OVERALL G.P.A. IF ENROLLED AT A FOUR-YEAR SCHOOL? _____

SECTION 3. ACTIVITIES

WHAT HIGH SCHOOL/COLLEGE ACADEMIC HONORS HAVE YOU RECEIVED? _____

WHAT STUDENT ACTIVITIES IN HIGH SCHOOL/COLLEGE HAVE YOU PARTICIPATED IN? _____

WHAT COMMUNITY ACTIVITIES (NOT DIRECTLY CONNECTED WITH HIGH SCHOOL/COLLEGE) HAVE YOU PARTICIPATED IN? (LIST ASSOCIATED HONORS AS WELL)

SUMMARIZE YOUR EXPERIENCE IN AGRICULTURE/AGRIBUSINESS. (ATTACH ADDITIONAL PAGE IF NECESSARY)

SECTION 4. PROFESSIONAL GOALS

PLEASE USE THE ATTACHED PAGE (SECTION 4, PROFESSIONAL GOALS, PAGE 6) TO EXPLAIN YOUR PROFESSIONAL GOALS AND OBJECTIVES. INCLUDE ANY CONTRIBUTIONS YOU EXPECT TO MAKE TO AGRICULTURE/AGRIBUSINESS AND HOW THIS SCHOLARSHIP WILL HELP YOU ACHIEVE THESE GOALS.

SECTION 5. FINANCIAL ANALYSIS REPORT

SINCE FINANCIAL NEED AND STUDENT EFFORT ARE FACTORS IN SELECTING THE RECIPIENT OF A KCFB FOUNDATION SCHOLARSHIP, THE FOLLOWING INFORMATION IS CRITICAL TO THE BOARD IN THEIR DELIBERATIONS. THE INFORMATION IS STRICTLY CONFIDENTIAL AND WILL ONLY BE REVIEWED BY THE BOARD MEMBERS AND THE EXECUTIVE DIRECTOR. IT IS VERY IMPORTANT THAT YOU ANSWER EACH QUESTION AS CONCISELY AS POSSIBLE.

HOW IS YOUR EDUCATION BEING FINANCED? _____

PARENTS OCCUPATION(S) _____

OTHER IMMEDIATE FAMILY MEMBERS AND THEIR AGES _____

DO YOU (OR WILL YOU) WORK DURING THE SCHOOL YEAR TO SUPPORT YOUR EDUCATION?

YES _____ NO _____

IF YES, APPROXIMATE: HOURS/WEEK? _____

INCOME? _____

WHERE? _____

TYPE OF WORK? _____

DO YOU (OR WILL YOU) WORK DURING THE SUMMER OR OTHER SCHOOL BREAKS? YES _____ NO _____

IF SO, WHERE? _____

TYPE OF WORK _____

ESTIMATED EDUCATIONAL COSTS

	<u>% PAID BY PARENTS</u>	<u>% PAID BY SELF</u>
\$ _____ TUITION	_____	_____
\$ _____ ROOM & BOARD	_____	_____
\$ _____ BOOKS/FEES	_____	_____

DO YOU HAVE A SCHOLARSHIP(S) OR TUITION WAIVER?

YES _____ NO _____

IF YES, PLEASE COMPLETE THE FOLLOWING:

NAME OF SCHOOL

WHAT IS ITS VALUE?

\$ RECEIVED, ANTICIPATED IN SCHOLARSHIPS AND SOURCE(S)

APPROXIMATELY WHAT % OF YOUR EDUCATION EXPENSES ARE PAID (WILL BE PAID) FOR BY YOUR PARENTS?

DO YOU HAVE ANY OTHER SOURCES OF INCOME? _____ IF SO, DETAIL _____

DO YOU HAVE ANY DEBTS? YES _____ NO _____

IF YES, DETAIL AMOUNT AND DESCRIPTION OF DEBTS _____

MARITAL STATUS (CHECK ONE): SINGLE _____ MARRIED _____ NUMBER OF DEPENDENTS _____ AGES _____

NAME OF SPOUSE _____ OCCUPATION _____

APPROXIMATE AMOUNT IN SAVINGS, CHECKING, CASH? _____

NUMBER OF BROTHERS AND/OR SISTERS IN COLLEGE? _____

SECTION 6. REFERENCES

- A. PLEASE USE SECTION 6, PART A, (PAGE 7) TO HAVE A TEACHER IN STUDENT'S CHOSEN FIELD OR TEACHER WHO HAS HAD STUDENT DURING PAST YEAR DESCRIBE STUDENT'S WORK HABITS AND ABILITIES.
- B. PLEASE USE SECTION 6, PART B, (PAGE 8) TO HAVE HIGH SCHOOL PRINCIPAL OR A SCHOOL COUNSELOR/ADVISOR COMPLETE NEEDED DETAILS. (FOR HIGH SCHOOL STUDENTS AND FIRST TIME APPLICANTS ONLY)

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND COMPLETE.

STUDENT'S SIGNATURE _____

DATE: _____

PARENT/GUARDIAN'S SIGNATURE _____

DATE: _____

APPLICATION DEADLINE IS FEBRUARY 15, 2010

PLEASE SUBMIT A PERSONAL PHOTO OF APPLICANT (HEAD AND SHOULDERS)

RETURN APPLICATION AND PHOTO TO:

EXECUTIVE DIRECTOR
KANE COUNTY FARM BUREAU FOUNDATION
2N710 RANDALL ROAD
ST. CHARLES, IL 60174

-OR-

E-MAIL TO: info@kanecfb.com (call 630-584-8660 to confirm reception)

SECTION 6. PART B – FOR HIGH SCHOOL STUDENTS & FIRST TIME APPLICANTS. TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR OR ADMINISTRATOR.

PLEASE COMPLETE THE INFORMATION LISTED BELOW IN FULL SO THIS STUDENT'S APPLICATION CAN BE CONSIDERED FOR SCHOLARSHIP.

1. STUDENT'S NAME _____

2. INDICATE STUDENT'S RANK IN HIGH SCHOOL CLASS _____

NUMBER OF STUDENTS IN CLASS _____

G.P.A. DURING HIGH SCHOOL _____

3. PLEASE MAKE FURTHER COMMENTS WHICH YOU FEEL WILL BE USEFUL IN THE FOUNDATION BOARD'S CONSIDERATION

4. PLEASE ATTACH TO THIS PAGE AN OFFICIAL TRANSCRIPT OF THE APPLICANT'S HIGH SCHOOL/COLLEGE CREDITS.

DATED _____

SIGNED _____

POSITION _____