

Farm Bureau Fred Bolding Memorial Scholarship

Tonya Morris
West Carroll
Farm Bureau
office: 318-428-9301



Applicants must be students of existing West Carroll Parish Farm Bureau members and graduating in 2020.

Please type or print your answers. If application is illegible, it will not be considered.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: _____
4.	Date of Birth: Month: _____ Day: _____ Year: _____
5.	High School presently attending: _____
6.	Grade Point Average (GPA): _____ (on a 4.0 scale) *Your most recent official school transcript required.
7.	Anticipated Graduation Date: _____
8.	I will be attend the following school in the <u>Fall</u> of _____. School Name: _____ Address: _____ City/State/Zip: _____ Financial Contact Name: _____ *Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds.
9.	What is your intended agriculture major in college?
10.	How many hours of credit will you be taking per semester?
11.	Estimated date of college/trade/vocational school graduation:
12.	Name and address of parent(s) or legal guardian(s): Name: _____ Address: _____ City/State/Zip: _____ Phone Number: _____

The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. Incomplete applications will not be considered.	
13.	Two reference letters Return these completed documents in a sealed envelope. One letter must be from a teacher, and one must be from an adult leader in an athletic program, community project, or volunteer program in which you have participated.
14.	Most recent official high school transcript
15.	Essay (250 words or less. Attached to this form.) What are your plans for the use of the scholarship and your plans for the future?

Statement of Accuracy

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the scholarship program.

Signature of scholarship applicant: _____

Date: _____

Remember to return all required materials in person to:

Farm Bureau
Tonya Morris
205 Hospital Road
Oak Grove, LA 71263

Applications will not be accepted by any other method.