

Dear Scholarship Applicant:

The Carroll County Farm Bureau Foundation is proud to announce a new scholarship opportunity for 2010, The Viola Rath Memorial Scholarship. This scholarship is open to graduating high school seniors who are majoring in Consumer Science or Agriculture, Agri-business, or an Ag-related course of study. The scholarships are awarded on the basis of exceptional scholastic ability and/or financial need.

This year we are pleased to offer two (2) \$500 Viola Rath Memorial Scholarships.

All applicants must meet these eligibility guidelines:

1. Must be a high school graduating senior.
2. Must be majoring in Consumer Science or Agriculture, Agri-business, or Ag-related field of study.
3. Must be accepted for enrollment at an accredited college, university, community college, or technical school.
4. Must exhibit potential for successful completion of course of study.
5. Must be a resident of Illinois.

In addition to eligibility guidelines, the following will be considered in selecting recipients:

1. Scholarship
 - (a) Academic performance and honors.
 - (b) Class rank.
2. A demonstrated interest in the chosen course of study.
3. Financial need.
4. Evidence of willingness to seek out financial assistance.
5. Character
 - (a) Maturity.
 - (b) Industriousness and motivation.
 - (c) Moral character.
 - (d) Demonstrated leadership qualities.

IMPORTANT

You are responsible for including the following items with your application. If one or more documents are missing, your application may be disqualified. Transcripts and/or reference letters may be mailed separately, if necessary.

_____ High school and/or college transcript.

_____ Teacher's recommendation.

_____ Character recommendation.

Recommendations should be submitted by applicant. Applicant should request that persons who fill out recommendation forms return them in sealed envelopes. Please be sure to notify those providing recommendations of the application deadline to ensure prompt completion of their appraisal.

Applications must be received at the Carroll County Farm Bureau office by **Wednesday, March 24, 2010**. Mail to:

Carroll County Farm Bureau Foundation
811 South Clay Street
Mount Carroll, IL 61053

Thank you for your interest. If you have any questions regarding the application, please contact the Carroll County Farm Bureau at (815) 244-3001.

Leslie Nelson, President
Carroll County Farm Bureau Foundation

SCHOLARSHIP APPLICATION

Please type or print neatly.

Date _____

SECTION 1 - GENERAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____ Phone (____) _____

Applicant's or Parent's Farm Bureau Membership Number _____

High School Attended _____ Graduation Date _____

College Attended _____ Graduation Date _____

College or university currently attending or accepted at _____

What is/will be your major area of study? (Please be specific) _____

Parent(s) name in full _____

Parents' address _____

Parents' occupation _____

Scholarship(s) you are applying for:

Viola Rath Memorial Scholarship - \$500

SECTION 2 - ACADEMIC INFORMATION

What was your high school GPA? _____ College GPA? _____ (enclose transcripts)

What was your high school class rank? _____ (rank) out of _____ (# in graduating class)

What is your overall GPA if enrolled at a four-year school? _____

What was your composite ACT score? _____

What high school/college academic honors have you received? _____

SECTION 3 - ACTIVITIES

List agricultural or other clubs you belong(ed) to (indicate offices held, positions of leadership, and any activities in which you participated). _____

List church, community, or civic activities. _____

Briefly summarize your experience in agriculture/agribusiness. _____

SECTION 4 - GOALS

Please attach no more than a one page, typewritten explanation of your goals and objectives as well as contributions you hope to make to agriculture and how this scholarship will help in that regard.

SECTION 5 - FINANCIAL ANALYSIS REPORT

Since financial need is one factor in selecting the recipients of Viola Rath Memorial Scholarship, the following information is critical to the review board in their deliberations. This information is strictly confidential and will only be reviewed by the Foundation's Board of Directors, Executive Director and their appointees.

How is your education being financed? _____

Do you (or will you) work during the school year to support your education? _____

If so, approximate: Hours/week? _____ Income/week? _____

Where? _____ Type of work? _____

Do you have a scholarship or tuition waiver? ___ Yes ___ No. If yes, complete the following:

Name of Scholarship

Value of Scholarship

Approximately what percent of your education expenses are or will be paid by your parents? _____%

Do you have any other sources of income? _____ If so, please detail.

Do you have any debts? _____ If so, please detail amount and description _____

Marital Status _____ Number of dependents other than self _____

Age(s) of dependents _____

Name of spouse _____ Occupation _____

Approximate amount in savings, checking account, cash? _____

Number of brothers and/or sisters in college? _____

I hereby certify that to the best of my knowledge, the above information is correct and complete.

Applicant's signature: _____

Date: _____

Parent's signature: _____

Date: _____

SECTION 6 - RECOMMENDATIONS

Please have the attached recommendations filled out and return with your application.

**VIOLA RATH MEMORIAL
SCHOLARSHIP APPLICATION**

TEACHER'S RECOMMENDATION

Describe how you know the applicant. _____

Describe the applicant's academic performance and work habits. _____

Describe why you believe this applicant will succeed in his or her chosen study. _____

Your name: _____ Signature: _____

Applicant's name: _____ Date: _____

Upon completion, return to applicant in a sealed envelope.

**VIOLA RATH MEMORIAL
SCHOLARSHIP APPLICATION**

CHARACTER RECOMMENDATION

Describe how you know the applicant. _____

Describe the character traits of the applicant you have observed. _____

Why do you believe this applicant should be awarded this scholarship?

Your name: _____ Signature: _____

Applicant's Name: _____ Date: _____

Upon completion, return to applicant in a sealed envelope.