

KANE COUNTY FARM BUREAU FOUNDATION
SCHOLARSHIP APPLICATION
 2N710 RANDALL ROAD ST. CHARLES, IL 60174 PH: 630-584-8660
DEADLINE: FEBRUARY 15, 2018

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.*

- KCFB FOUNDATION AGRICULTURAL
 KCFB FOUNDATION GENERAL
 CHARLES F. (CHUCK) SWANSON MEMORIAL
 JOHN BUCK MEMORIAL
 HECKEL-BLICKLE MEMORIAL
 AGCO PARTS PLATINUM
 AGCO PARTS – GLOBAL WOMEN'S NETWORK
 AGCO PARTS DIVISION

(Also, IAA Foundation offers 74 scholarships ranging from \$1,000 to \$7,500 per year. Visit www.iaafoundation.org)

Application must be typed or printed legibly.

Do not attach additional pages.

Section 1: General Information

Name _____ Date of Birth _____ Phone Number _____ County of Residence _____

Home Address _____ City _____ State _____ Zip Code _____

College Address _____ City _____ State _____ Zip Code _____

E-mail address _____ FB membership listed under _____

Father/Stepfather/Guardian Name _____ Mother/Stepmother/Guardian Name _____

Father/Stepfather/Guardian Occupation _____ Mother/Stepmother/Guardian Occupation _____

College you will attend this fall _____ Social Security # _____

Check here only if you will graduate high school in 2018.

Section 2: Certification Statement

I hereby certify that the information on this application is true and accurate to the best of my knowledge as evidenced by this signature. I understand that all information contained on this application is subject to verification and that false information will lead to disqualification.

Applicant Signature (required) _____ Date _____

Parent/Guardian Signature (required) _____ Date _____

PLEASE SUBMIT APPLICATION & PHOTO (OF APPLICANT ONLY - HEAD AND SHOULDERS) TO:

Executive Director
 Kane County Farm Bureau Foundation or E-mail to: info@kanecfb.com
 2N710 Randall Road (call 630-584-8660 to confirm receipt)
 St. Charles, IL 60174 by February 15, 2018

Application Checklist:

- Page 1 Section 1 & 2: General Academic Information & Certification
 Page 3-4 Section 3-8 Activities, Honors & Goals
 Page 5 Section 9 Financial Information
 Page 7 Section 10 High School Rank & Guidance counselor verification (*First-time applicants only*)
 Page 9 & 11 (2) References/Recommendations from educators
 Photo
 Transcript

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Section 6: Community Activities

In the space provided, list community activities (not directly connected with your high school or college) in which you have participated.

Activity	Year

Section 7: Experience/Essay

In the space provided, summarize any experience you have in agriculture/agribusiness. If you have NONE, please answer the following question: How does agriculture affect your life and how do you expect it to shape your future?

Section 8: Professional Goals

In the space provided, 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 9: Financial Information

Since financial need and student effort ARE factors in selecting the recipients of KCFB Foundation Scholarships, 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 _____

Number of brothers and/or sisters in college? _____

Do you (or will you) work during the school year to support your education? Yes No

If yes: Where? _____ Approximate: Hours/week _____ Income \$ _____

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

	%Paid by parents	%Paid by self
\$ _____ Tuition	_____ %	_____ %
\$ _____ Room & Board	_____ %	_____ %
\$ _____ Books/Fees	_____ %	_____ %

Approximately what percentage of your education expenses are paid (will be paid) for by your parents? _____ %

Do you have a scholarship(s) or tuition waiver? Yes No

If YES, please complete the following:

Name of school _____ What is its value? _____

Funds received, anticipated in scholarships and source(s)

Do you have any other sources of income? Yes No

If so, detail _____

Do you have any debts? Yes No

If YES, detail amount and description of debts _____

Approximate amount in savings, checking, cash? \$ _____

Marital status (check one): Single Married Number of dependents _____ Ages _____

Name of spouse: _____ Occupation: _____

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Section 10: For High School Students & First Time Applicants ONLY.

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.

Student's name: _____

Student's rank in high school class: _____ Number of students in class: _____ High School G.P.A.: _____

Please attach to this page an official transcript of the applicant's high school/college credits.

Name: _____ Position: _____

Signature: _____ Date: _____

Please make further comments which you feel will be useful in the foundation board's consideration

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KANE COUNTY FARM BUREAU FOUNDATION SCHOLARSHIP APPLICATION

Reference/Recommendation

For teachers, professors and others to describe student's work habits, abilities and potential.

Student Name: _____

Name (Please print) _____ Position/Title _____

Institution _____

Signature _____ Date _____

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Kane County Farm Bureau Foundation	(call 630-584-8660 to confirm receipt)
2N710 Randall Road	
St. Charles, IL 60174	Submit by February 15, 2018

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St. Charles, IL 60174 Submit by February 15, 2018