

**KANE COUNTY FARM BUREAU FOUNDATION**  
**SCHOLARSHIP APPLICATION**  
 2N710 RANDALL ROAD ST. CHARLES, IL 60174 PH: 630-584-8660  
**DEADLINE: FEBRUARY 15, 2019**

**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    
  RUTH & FRANK CARLSON  
 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](http://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 2019.

**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](mailto:info@kanecfb.com)  
 2N710 Randall Road (call 630-584-8660 to confirm receipt)  
 St. Charles, IL 60174 by February 15, 2019

- 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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**Do not attach additional pages.**

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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: \_\_\_\_\_

Large empty rectangular box for writing the reference or recommendation.

Name (Please print) \_\_\_\_\_ Position/Title \_\_\_\_\_

Institution \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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2N710 Randall Road (call 630-584-8660 to confirm receipt)  
St. Charles, IL 60174 Submit by February 15, 2019

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Name (Please print) \_\_\_\_\_ Position/Title \_\_\_\_\_

Institution \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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