

**KANE COUNTY FARM BUREAU FOUNDATION  
SCHOLARSHIP APPLICATION**  
2N710 RANDALL ROAD ST. CHARLES, IL 60174  
PH: 630-584-8660  
**DEADLINE: FEBRUARY 15, 2012**

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  
GENERAL SCHOLARSHIP SCHOLARSHIP       CHARLES F. (CHUCK) SWANSON  
MEMORIAL SCHOLARSHIP       JOHN BUCK  
MEMORIAL

**Application must be typed or printed legibly.**

**Do not attach additional pages.**

### 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 2012.

### 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, 2012

#### Application Checklist:

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Page 1      | General Academic Information & Certification   |
| <input type="checkbox"/> Page 3-4    | Activities, Honors & Goals   |
| <input type="checkbox"/> Page 5      | Financial Information  |
| <input type="checkbox"/> Page 7      | High School Rank & Guidance counselor verification ( <i>First-time applicants only</i> ) |
| <input type="checkbox"/> Page 9 & 11 | (2) References/Recommendations from educators  |
| <input type="checkbox"/> Photo       |  |

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Transcript

**Academic Information**

College/University Attended	# of Credit Hrs Completed	Cumulative Grade Pt Avg.

Major: \_\_\_\_\_ College Classification as of Aug. 1, 2012: Fr.  Sph  Jr  Sr

Anticipated college graduation date: \_\_\_\_\_ Anticipated degree (B.S., B.A., etc.): \_\_\_\_\_

High School attended: \_\_\_\_\_

High School GPA (include scale): \_\_\_\_\_ High School Rank: \_\_\_\_\_ Composite ACT Score: \_\_\_\_\_

**Enclose an official college transcript including all college courses taken through the spring 2012 semester**

**Leadership Activities**

Activity	Year

**Awards/Honors**

List the names and types of awards and honors you have received.

Award/Honor	Year

### Community Activities

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

Activity	Year

### Experience

In the space provided, summarize your experience in agriculture/agribusiness.

### 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.

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## 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 \_\_\_\_\_

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	_____ %	_____ %

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)

\_\_\_\_\_

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

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: \_\_\_\_\_

Number of brothers and/or sisters in college? \_\_\_\_\_

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**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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Executive Director  
Kane County Farm Bureau Foundation  
2N710 Randall Road  
St. Charles, IL 60174

E-mail to: [info@kanecfb.com](mailto:info@kanecfb.com)  
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