

	Illinois		
9.	Zip Code		
	60174		
10.	County		
	Kane		
11.	Name on Parent/Guardian's Farm Bureau Membership		
	If your parents are not Kane County Farm Bureau members, please enter "N/A"		
	Major General		
12.	Parent/Guardian Name		
	Ima General		
13.	Parent/Guardian Occupation		
	Farmer		
14.	Additional Parent/Guardian Name		
	Farmer		
15.	Additional Parent/Guardian Occupation		
2. :	Scholarships You're Applying For	🖉 Edit	1
1.	Select all scholarships you are applying for.		
	Those who meet eligibility requirements may apply for all scholarships on the same application	۱.	
	KCFB Foundation Agricultural Scholarships, KCFB Foundation General Scholarship President's Scholarship	p, KCFB	Foundation
3.	Academic Information	🖉 Edit	13
		, Lun	
1.	High School Attended		
	St. Charles North		

3. High School GPA

	4.0
4.	GPA Scale
	Please provide the maximum GPA available at your school.
	4.2
5.	
6.	College Classification (Fall 2023)
	Sophomore
7.	Field of Study/Area of Interest
	Agricultural Education
8.	College Attending or Accepted To
	True Blue U
9.	Anticipated Degree
	B.S., B.A., etc.
	BA
10.	Anticipated college graduation date
	06/2025
11.	Are you a current college student?
	Yes
12.	Would you like to upload your college transcript directly or provide your school counselor's contact information?
	Provide counselor's contact information
	Please list any additional colleges or universities you've attended and the number of credits earned by

clicking the "Add School" button below:

🖉 Edit

0

Extracurriculars and Leade	rship Set Number 1	
Activity		
4-H		
Year(s) Participated		
2019-2020		
Extracurriculars and Leade	ship Set Number 2	
Activity		
Students for Clean Soil member		
Year(s) Participated		
2018-2020		
List any awards or honors or any community service in	volvement.	
– · /_	2 - 1 11	
Experience/Essay	🖉 Edit	1
Please summarize your ariculture/agribusiness experie experience, please answer the following question: How expect it to shape your future?		
Professional Goals	🖉 Edit	1

	achieve these goals.
9.	Financial Information 🖉 Edit 17
1.	County of Residence
2.	County or State of your college/university
3.	How is your education being financed?
_	
4.	Number of brothers and/or sisters in college?
_	
5.	Do you (or will you) work during the school year to support your education?
•	
6.	Have you or will you seek an internship in your career field?
-	
7.	Estimated Annual Cost of Tuition, Room, and Board
•	Fatimated Amount Daid by Devente
8.	Estimated Amount Paid by Parents
	Please state how much your parents are able to pay towards your room and board.
•	De very here e echelerchin(e) er tuitien weiver?
9.	Do you have a scholarship(s) or tuition waiver?
	Disease list the emount and equipes of any additional funds or exhalerables received or enticipated
	Please list the amount and source of any additional funds or scholarships received or anticipated.
10	Amount
10.	Anount
44	Source
	Source
12	Amount
12.	
13	Source
10.	
14	Amount
1-71	
15.	Source

16. Estimated Amount Paid by Self

1.	How would you like to submit your letter(s) of recommendation?		
11.	Add Recommender	<i>⊘</i> Edit	0
12.	Certification	🖉 Edit	1
	Applicant Certification		
	I hereby certify that the information on this application is true and accurate to the be evidenced by this signature. I understand that all information contained on this application and that false information will lead to disqualification	-	-