

**2019**

**SAN PATRICIO/ARANSAS COUNTY FARM BUREAU**

**SCHOLARSHIP APPLICATION**

**\$2000.00**

**PLEASE RETURN THIS SHEET WITH YOUR COMPLETED APPLICATION**

APPLICANT PARENTS OR LEGAL GUARDIANS MUST HAVE BEEN A MEMBER OF THE SAN PATRICIO COUNTY FARM BUREAU FOR ONE YEAR PRIOR TO APPLICATION AND THE MEMBERSHIP MUST STAY IN GOOD STANDING DURING THE ENTIRE SCHOLARSHIP PERIOD.

JUDGING FOR THIS SCHOLARSHIP WILL BE DONE OUTSIDE OF SAN PATRICIO COUNTY. THE JUDGE'S DECISION WILL BE FINAL.

THE APPLICATION MUST BE COMPLETE. USE AS MANY EXTRA SHEETS AS YOU WISH, BUT REMEMBER THAT BREVITY SHOWS AN ORGANIZED MIND.

BE SURE TO ATTACH ALL REQUIRED DOCUMENTS SECURELY TO THE APPLICATION.

THE APPLICATION MUST BE TYPED OR PRINTED NEATLY IN INK AND SIGNATURES SHOULD BE WRITTEN IN INK.

ATTACH TO THE APPLICATION AN OFFICIAL TRANSCRIPT FROM YOUR HIGH SCHOOL OR UNIVERSITY, TWO LETTERS OF RECOMMENDATION AND A SMALL PHOTOGRAPH OF YOURSELF WHICH MAY BE USED FOR PUBLICITY IF YOU ARE THE WINNER OF THIS SCHOLARSHIP GRANT.

APPLICANT MUST BE A GRADUATING SENIOR OF A HIGH SCHOOL WITHIN SAN PATRICIO COUNTY OR CURRENTLY ENROLLED AT A TEXAS UNIVERSITY/COLLEGE, OR A VOCATION OR TECHNICAL SCHOOL.

DEADLINE FOR THE RETURN OF THIS APPLICATION TO THE SAN PATRICIO COUNTY FARM BUREAU OFFICE SHALL BE NO LATER THAN 5:00 P.M. March 15, 2019.

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**2019**

**SAN PATRICIO COUNTY FARM BUREAU  
SCHOLARSHIP APPLIATION**

APPLICANT NAME: \_\_\_\_\_

FIRST

MIDDLE

LAST

ADDRESS: \_\_\_\_\_

STREET/PO BOX

CITY

STATE

ZIP

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HIGH SCHOOL OR COLLEGE ATTENDING: \_\_\_\_\_

PARENTS OCCUPATION: \_\_\_\_\_

FATHER/GUARDIAN

MOTHER/GUARDIAN

SAN PATRICIO COUNTY MEMBERSHIP NUMBER: \_\_\_\_\_

NUMBER OF BROTHERS OR SISTERS: \_\_\_\_\_ AGES: \_\_\_\_\_

WILL YOU HAVE ANY BROTHERS OR SISTERS ATTENDING COLLEGE AT THE SAME  
TIME AS YOU: YES \_\_\_\_\_ NO \_\_\_\_\_? IF YES LIST NUMBER ATTENDING \_\_\_\_\_

NAME OF COLLEGE/UNIVERSITY/TRADE SCHOOL YOU PLAN TO ATTEND OR ARE  
ATTENDING: \_\_\_\_\_

IF IN HIGH SCHOOL HAVE YOU APPLIED FOR ADMISSION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF IN HIGH SCHOOL HAVE YOU BEEN ACCEPTED? YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT IS YOUR PLANNED, OR CURRENT MAJOR IN COLLEGE? \_\_\_\_\_

ON SEPARATE SHEETS OF PAPER, PLEASE PROVIDE THE FOLLOWING:

- A. LIST OF HIGH SCHOOL/COLLEGE ACTIVITIES, OFFICES HELD AND AWARDS RECEIVED.
- B. DESCRIBE HOW YOU SERVE THE FOLLOWING:
  - 1. HOME
  - 2. CHURCH
  - 3. COMMUNITY
- C. WHAT ARE YOUR PLANS FOR THE FUTURE?
- D. WHAT ARE YOUR HOBBIES OR SPECIAL INTERESTS?
- E. IN 400 WORDS OR LESS, PLEASE TELL US WHAT MEMBERSHIP IN FARM BUREAU MEANS TO YOU AND YOUR FAMILY.

**I HEREBY CERTIFY THAT THE FACTS WHICH I SET FORTH IN ANSWER TO THE FOREGOING QUESTIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I PLEDGE TO COOPERATE WITH OFFICIALS OF SAN PATRICIO COUNTY FARM BUREAU TO BE AVAILABLE FOR PHOTOGRAPHS AND INTERVIEWS IF I AM CHOSEN TO RECEIVE THIS SCHOLARSHIP.**

**X**

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SIGNATURE OF APPLICANT

SCHOLARSHIP RECIPIENTS WILL BE ANNOUNCED NO LATER THAN **MAY 1, 2019,**  
AND THE WINNER WILL BE NOTIFIED PRIOR TO PUBLIC ANNOUNCEMENT.

SCHOLARSHIP MONEY WILL BE PAID BY THE SAN PATRICIO COUNTY FARM  
BUREAU TO THE INSTUTE OF HIGHER LEARNING CHOSEN BY THE APPLICANT  
UPON PROOF OF ADMISSION.

FAILURE TO FOLLOW THE INSTRUCTIONS WILL VOID THE SCHOLARSHIP  
APPLICATION.

**DEADLINE FOR RETURN OR POSTMARK OF THE INFORMATION SHEET AND THE  
COMPLETED APPLICATION SHALL BE NO LATER THAN 5:00 P.M. March 15, 2019,  
TO THE SAN PATRICIO COUNTY FARM BUREAU OFFICE, PO BOX 759 SINTON  
TEXAS, 78387.**

**X**  
\_\_\_\_\_  
APPLICANT

**X**  
\_\_\_\_\_  
PARENT OR GUARDIAN

**X**  
\_\_\_\_\_  
CHAIRMAN SCHOLARSHIP COMMITTEE  
SAN PATRICIO COUNTY FARM BUREAU