

Agribusiness Scholarship Program

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THE Insurance CENTER

Please do not reproduce this application on your computer. Please complete and submit the application that is provided. You may make additional copies if you wish.

HIGH SCHOOL SENIORS ARE NOT ELIGIBLE. Qualified applicants must be attending a post-secondary college, university or technical school program.

Please complete and return by May 15th to the address listed below.

Insurance Advisory Council
The Insurance Center
ATTN: Randi Santos
701 Sand Lake Road
Onalaska, WI 54650

PERSONAL INFORMATION

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Home Phone: () _____

Male _____ Female _____

The college I am attending is: _____

The field of study I plan to pursue is: _____

(LAST NAME)

AG related activities (number of years):

Lived on a farm _____ Studied VO-AG _____

4-H Member _____ FFA Member _____

4-H Jr. Leader _____

FAMILY INFORMATION

Parents' Names: _____

Number of Children in family: _____

Age of Brothers: _____ Age of Sisters: _____

EXTRACURRICULAR ACTIVITIES

High School/College (include current and previous years):

FFA (Indicate years): _____

4-H (Indicate years): _____

Special awards, recognition, trips, etc. (year received):

(LAST NAME)

COMMUNITY AND CHURCH ACTIVITIES

Community activities in which you participate(d): _____

Church and/or other organizations in which you participate(d):

Awards or recognitions received for involvement in community or church related activities:

Involvement in Agribusiness functions

EMPLOYMENT HISTORY

Record of employment during non-school hours:

(LAST NAME)

WHAT ARE YOUR GOALS?

Project yourself ten years into the future. Tell us what goals and objectives you would like to achieve personally and professionally in the agribusiness field:

DON'T FORGET TO INCLUDE YOUR TRANSCRIPTS