

CARROLL COUNTY AGRICULTURAL SCHOLARSHIP FUND, INC. APPLICATION

Name: _____ Parent's Name: _____

Address: _____
Street/Route Box # City County Zip

Phone: _____ Family Members (brothers/sisters): _____

High School: _____ Year of Graduation: _____

School Activities: _____

Community Activities: _____

Scholastic Honors: _____

Other Scholarships, Grants, Etc.: _____

Hobbies: _____

Jobs (what have you done that's interesting): _____

Name of School/College You Plan to Attend: _____

Name of Agricultural Field of Study You Plan to Pursue: _____

ACT Composite Score: _____ Rank in Class: _____ Class Size: _____

Include this information even if you have graduated from high school and are currently attending college.

Attach a 50-word essay on "Why I am interested in continuing my education in agriculture."

Attach a copy of your academic records.

DUE WEDNESDAY, MARCH 13, 2019

Questions? Contact the Carroll Chamber of Commerce at (712) 792-4383 or chamber@carrolliowa.com.

Mail completed application to: **Carroll County Agricultural Scholarship Fund, Inc.
Carroll Chamber of Commerce
PO Box 307, 407 W 5th Street
Carroll, IA 51401
(712) 792-4383, Fax: (712) 792-4384**