

**Class of 2019**

**Scholarship Application**

**Cass County Pork Producers Scholarship**

*Must be pursuing a field of study in Agriculture*

**Deadline to Apply: MARCH 31, 2019**

**WHAT DO I NEED TO INCLUDE???**

**CITIZENSHIP & LEADERSHIP LIST**

**WORK EXPERIENCE**

**CAREER PLAN ESSAY**

**WHERE TO RETURN COMPLETED APPLICATION?**

Cass County Pork Producers  
c/o Cass County Extension Service  
Cass County Government Building  
200 Court Park, Room 302  
Logansport, IN 46947

**To: Senior High School Students**

**Re: 2019 Cass County Pork Producers Ag. Scholarship**

The CASS COUNTY PORK PRODUCERS have made available a scholarship(s) for the study of agriculture. The amount and number awarded will be based on the number of applications received and the monies available.

The following conditions must be met:

1. Senior student at one of the four high schools located in Cass County. Applicant must reside in Cass County to be eligible.
2. Pursue a field of study in Agriculture at the post high school level.
3. Financial need is not a major consideration.
4. Applicant must show leadership and include a one-page essay of future career plans and goals.
5. Completed application must be received by **March 31, 2019**.  
Please mail to: Cass County Pork Producers  
c/o Cass County Extension Service  
Cass County Government Building  
200 Court Park, Room 302  
Logansport, IN 46947
6. Selection will be made by a committee of Cass County Pork Producers' Board members. Decisions of the committee to be final and announced on or before May 31.

# CASS COUNTY PORK PRODUCERS AG. SCHOLARSHIP

## STUDENT APPLICATION FORM

Please type or print all information except signatures. If space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application.

**APPLICANT DATA**

NAME Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

PERMANENT MAILING ADDRESS Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

PARENT/GUARDIAN Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**POST-SECONDARY SCHOOL DATA**

Name of post-secondary school for which financial aid is requested:  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ 4-year college or university      \_\_\_\_\_ 2-year community or junior college

\_\_\_\_\_ Vocational or technical school

Have you applied for or been accepted for admission to the above school? Yes / No

Major or course of study \_\_\_\_\_

**HIGH SCHOOL TRANSCRIPT INFORMATION**

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average: \_\_\_\_\_/4.0 scale

School Official's signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

School Address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Yr. \_\_\_\_\_

**WORK EXPERIENCE**

Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week.

Company	From Mo./Yr.	To Mo./Yr.	Hours Per Week



