

KARNES COUNTY FARM BUREAU SCHOLARSHIP GRANT

COVER SHEET – INSTRUCTION SHEET

Please return this sheet with your completed application to the following:

Karnes County Farm Bureau
P.O. Box 220
Karnes City, TX 78118

NUMBER OF SHEETS RETURNED _____

.....Applicants must be graduating seniors from the Karnes County Schools

Please print or type the answers. The signatures should be written in ink. Use as many extra sheets as you wish, but remember that brevity shows an organized mind. Selection of the winners will be based on academic excellence, class placement, and well rounded interest. Try to tell us about yourself as if you were telling us in person.

THE DEADLINE FOR THE RETURN OF THIS APPLICATION TO THE SCHOLARSHIP COMMITTEE IS 5:00 P.M. ON MONDAY, **APRIL 10, 2023** – IN THE KARNES COUNTY FARM BUREAU OFFICE. **DO NOT BE LATE.**

THANK YOU



CHAIRMAN-SCHOLARSHIP COMMITTEE
KARNES COUNTY FARM BUREAU

All applicants will be advised whether they have been awarded the Scholarship Grant before the award is made public.

IMPORTANT: ATTACH TO THIS APPLICATION A TRANSCRIPT OF YOUR HIGH SCHOOL GRADES, CLASS PLACEMENT, AND TWO LETTERS OF RECOMMENDATION.

On separate sheets of paper, please complete the following directions:

- A. List High School activities, offices held, and awards received.
- B. Describe briefly how you have served the following.
 - 1. Home
 - 2. Church or synagogue
 - 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 your membership in Farm Bureau has meant to you.

PLEASE INCLUDE HERE A PHOTOGRAPH OF YOURSELF WHICH MAY BE USED FOR PUBLICITY IF YOU ARE THE WINNER OF THIS SCHOLARSHIP GRANT.

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 Karnes County Farm Bureau by being available for photographs and interviews if I am the winner of the Karnes County Farm Bureau Scholarship Grant

Signature of Applicant

**KARNES COUNTY FARM BUREAU
APPLICATION FOR THE \$3000, \$2500, \$2000, \$1500, OR \$1000
SCHOLARSHIP GRANT DEPENDING ON PLACEMENT FOR
2023 GRADUATING CLASS**

NAME OF APPLICANT: _____

NAME OF PARENTS/GUARDIANS: _____

ADDRESS: _____

HIGH SCHOOL: _____

DATE PARENTS/GUARDIANS OR YOU JOINED FARM BUREAU: _____

MEMBERS OF YOUR FAMILY WHO ARE MEMBERS OF **KARNES COUNTY
FARM BUREAU**: _____

APPLICANTS AGE: _____ DATE OF BIRTH: _____

PLACE OF BIRTH: _____

I, the undersigned Secretary/Treasurer of Karnes County Farm Bureau do hereby attest that the Applicant presenting these papers is a member of Karnes County Farm Bureau. I also affirm the members of the Applicant's family listed above as members of Karnes County Farm Bureau are members in good standing.

DATE: _____ SIGNED: _____
KCFB Secretary/Treasurer

I understand that my child is making an application for the Scholarship Grant to be given by Karnes County Farm Bureau. I understand that selection of the winner of this grant will be made by a committee of three people appointed by the President of Karnes County Farm Bureau to make such selection and that their decision shall be binding and not subject to challenge. I hereby pledge myself to cooperate with Karnes County Farm Bureau personnel by being available for photographs and interviews to be used in publicity.

Parents/Guardians Signature: _____
