

## Agriculture Division Scholarship Application

<b>Designated Major: (Please select one)</b>		
<input type="checkbox"/> Agriculture (transfer)	<input type="checkbox"/> Ag Business-Livestock Technology	<input type="checkbox"/> Veterinary Technology
<input type="checkbox"/> Ag Business-Marketing Mgmt	<input type="checkbox"/> Ag Business-Horticulture	
<input type="checkbox"/> Ag Business-Agronomy	<input type="checkbox"/> Pre-Veterinary Medicine	
Applicants Name (Last, First Middle Name)		
Address		City
State		Zip
County		Phone Number
Birthdate		Social Security Number
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Name of High School		
Mailing Address		City
State		Zip
County		Phone Number
Father's Name		Father's Occupation
Mother's Name		Mother's Occupation
Type of Farm (if applicable)		
Number of Acres Owned/Rented		
Estimated percent of total income from the farm		
No. of children in family	No. of children at home	No of children attending College at present
<b>I/We hereby certify that I/we have filed a Federal Tax Form 1040F for the previous year _____, thereby establishing me/us as a Missouri farmer.</b>		
Signature of Applicant		Date
Signature of Parent/Legal Guardian		Date

**This scholarship application form must be completed in its entirety,  
postmarked no later than May 1.**

List major school activities you have been active in

Name of activity	Numbers of years participated	Office Held

List major community activities you have been active in (Scouts, 4-H, Church Youth Groups, etc.)


Other scholarships and awards


What percentage of your college education will be provided by the following:

Parents	Part-time job	Loans	Other
%	%	%	%

**I certify that I am a high school senior and the above information is correct to the best of my knowledge**

Signature of Applicant

Date

