

Qualification and Conditions for  
**Scholarship Application**  
Switzerland County, Indiana Farm Bureau Inc.

Qualified Applicants:

1. Must be planning to attend or are attending an accredited college, university, trade/technical or vocational school.
2. Must be qualifying to become a graduate in the current year of Switzerland County High School or a past graduate, or a State Certified Home Study course, or parochial school and pursuing a continuous education.
3. Parent(s) or guardian(s) are currently members of the Switzerland County, Indiana Farm Bureau Inc.
4. May reapply in subsequent years.

Conditions of any Scholarship Award:

1. Application must be submitted to a Switzerland County High School Senior Guidance Counselor by end of day or the Switzerland Co. Farm Bureau Insurance Office no later than 5:00 pm May 1<sup>st</sup>.
2. This Scholarship Award will be paid upon application of the winning recipient and will be **conditionally payable to their selected institute of higher learning upon completion of the first quarter/semester once a transcript is submitted to the Switzerland Co. Farm Bureau Insurance Office.** Payment will be made toward second quarter/semester.

Complete Scholarship Application must include:

1. This cover sheet completed in applicants own handwriting.
2. Short letter by applicant of no less than 200 words, telling about extra-curricular activities, interests, special financial needs and the reason for applying for scholarship. Include any work experiences.
3. Two letters of recommendation.
4. A secondary transcript which must include current fall semester performance.



# Switzerland County Indiana Farm Bureau Inc.

## Scholarship Application

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

High School/College Currently Attending \_\_\_\_\_

Year of Intended Graduation \_\_\_\_\_ Field of Intended Study \_\_\_\_\_

I have read and understand the conditions of qualification with this application. I make this application based upon the following:

Parents/Guardians Name \_\_\_\_\_

reside in Switzerland County and are members of the Switzerland County Farm Bureau Inc.

Their Farm Bureau Membership Number: \_\_\_\_\_

**OR** I hold my own membership in Switzerland County, Indiana Farm Bureau Inc.

My Farm Bureau Membership Number: \_\_\_\_\_

There are \_\_\_\_\_ persons supported from family income.

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Signature of Applicant

