

Agtegra Agricultural Scholarship

Years Active: _____

Years Active:

☐ Current High School Senior | ☐ Current College Student

PERSONAL INFORMATION: Name: Phone: ______ E-mail: _____ Home Address: _____ City, State, Zip: _____ High School: Cumulative GPA: _____ Graduation Date: _____ Intended/Current University/College/Tech School: Major(s): ______ Minor(s): _____ Cumulative GPA: _____ Graduation Date: _____ ** When you visit the Agtegra Scholarship website, you will automatically give Agtegra the right to receive and collect certain information about you. If you apply for an Agtegra Scholarship, you automatically will have agreed to the Agtegra Privacy Policy. Please see the Privacy Policy for more details. **COMMUNITY INVOLVEMENT:** Activity/Organization: _____ Years Active: _____ Years Active: Activity/Organization: Activity/Organization: ______ Years Active: _____ Activity/Organization: _____ Years Active: _____ Activity/Organization: _____ Years Active: ______ Activity/Organization: Years Active: _____ **ACTIVITIES/AWARDS/OFFICES HELD:** Years Active: _____ Years Active: _____ Years Active: Years Active: _____

SCHOLARSHIP QUESTIONS: Briefly describe how you heard about the Agtegra Scholarship:					
Describe your agricultural background and/or previous agricultural experiences:					

Why are you deserving of this scholarship:						
REFER	RENCES:					
	e list 3 references (non-fami	•				
1.						
	Phone:			Years Known:		
	Relationship:					
2.	Name:	Em	ail:			
	Phone:			Years Known:		
	Relationship:					
3.	Name:	Em	ail:			
	Phone:		\	Years Known:		
	Relationship:					
*Refer	Reference letters, transcripts and additional materials are not required and should NOT be submitted.					
Signature:				Date:		

Please upload this application to the scholarship application submission form located at: www.agtegra.com/our-communities/scholarships
Submission Deadline: February 15, 2024
Questions? Reach out to us at scholarships@agtegra.com