



SCHOLARSHIP APPLICATION

Date Submitted: _____

Due By: _____

Applicant _____
(First) (Middle) (Last)

Home Address _____
(Street, Rural or Box#) (City) (Zip)

Date of Birth ____/____/____

Where do you live: Farm/Ranch _____ Rural/NON-Farm _____
Small Town _____ City _____

Name of High School / College _____

High School Address / College _____
(Street, Rural or Box#) (City) (Zip)

High School Advisor of Counselor _____

School activities, honors, club memberships, offices held or other organizations:

ACADEMIC INFORMATION

Number and ranking in graduating class _____

Have you applied for college admission? YES___ NO___

Have you been accepted? YES ___ NO ___

Colleges or universities where you have applied

Chosen profession or field of study _____

FAMILY INFORMATION

Name of parent or guardian _____
(First) (Middle) (Last)

Address of parent or guardian _____
(Street, Rural or Box#) (City) (Zip)

Contact number for parent or guardian _____

Do you work while you are attending college? YES ___ NO ___

If you do not receive scholarships, how will your tuition be paid?

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Applications should be completed and mailed to:

Texas Farmer Union
Attn: Kristie Bartee
P.O. Box 1067
Bastrop, TX. 78602