

**AGRICULTURAL DEVELOPMENT COUNCIL
GRANT APPLICATION**

DATE _____

NAME IN FULL

Last Name

First Name

Middle Name

HOME ADDRESS

Street & No.

City

State

Zip

HOME TELEPHONE NO. (____) _____

NAME & ADDRESS OF PARENT(S) OR GUARDIAN(S)

NAMES & LOCATIONS OF HIGH SCHOOLS ATTENDED

_____ 20__ to 20__
_____ 20__ to 20__

CLASS RANK: # _____ out of # _____ GPA _____

ANTICIPATED FIELD OF STUDY IN AGRICULTURE OR AGRI-BUSINESS: _____

FOUR YEAR COLLEGE YOU EXPECT TO ATTEND FOLLOWING GRADUATION:

Address

HAVE YOU BEEN ACCEPTED? YES _____ NO _____

LIST HIGH SCHOOL AND COMMUNITY ACTIVITIES _____

IDENTIFY AREAS OF OUTSTANDING ACHIEVEMENTS (ACADEMIC, EXTRACURRICULAR, OR COMMUNITY) _____

WHY DID YOU CHOOSE AGRICULTURE AS YOUR FIELD OF STUDY? _____

WHAT DO YOU HOPE TO DO WITH YOUR EDUCATION IN AGRICULTURE? _____

WHY DO YOU FEEL YOU DESERVE THIS GRANT?

I UNDERSTAND THE SELECTION PROCEDURES AND ACKNOWLEDGE THAT ANY MISREPRESENTATION OF THE FACTS ON THIS APPLICATION WILL BE CAUSE FOR CANCELLATION OF THE SCHOLARSHIP.

APPLICANT'S SIGNATURE _____ DATE _____



MAIL TO:

Chester County Agricultural Development Council
Government Services Center – Suite 270
601 Westtown Road, P.O. Box 2747
West Chester, PA 19380-0990