



Application for Scholarship Arkansas Farm Bureau Scholarship Foundation

APPLICATION DEADLINE: APRIL 15 OF THE CURRENT YEAR | AWARD UP TO: \$3,000 PER SEMESTER

SCHOLARSHIP CRITERIA: Scholarship is open to college juniors or seniors with a minimum of two full semesters required for completion of their degree. Applicant must be an Arkansas resident, actively pursuing an agricultural or agricultural-related degree and enrolled in an Arkansas university.

Applicant must be an active Arkansas Farm Bureau member or the child or grandchild of an active Arkansas Farm Bureau member. Recipients must have a minimum of 2.5 GPA and are required to have maintained a minimum 2.5 GPA at the end of the Fall semester in order to receive the Spring semester portion (\$1500). Selection is based upon academic achievement, character, leadership, career plans and financial need.

PERSONAL INFORMATION PLEASE PRINT OR TYPE

NAME: _____

ADDRESS: _____

PHONE: _____

UNIVERSITY ATTENDING: _____

STUDENT I.D. NUMBER: _____ CURRENT CLASSIFICATION: Junior Senior

MAJOR: _____

MINOR: _____

MEMBER NUMBER: _____

MEMBER NAME: _____

RELATION TO MEMBER: _____

CURRENT COLLEGE GPA: _____

EXPECTED GRADUATION DATE: _____

PLEASE INDICATE THE PERCENTAGE OF FINANCIAL RESPONSIBILITY FOR YOUR EDUCATION:

STUDENT: _____ PARENTS: _____

TOTAL AMOUNT OF FINANCIAL AID/SCHOLARSHIPS FOR CURRENT SEMESTER: _____

PLEASE LIST EXPECTED FINANCIAL AID OR SCHOLARSHIPS FOR THE UPCOMING YEAR: _____

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EXPLAIN YOUR CAREER PLANS (COLLEGE MAJOR, SPECIAL TALENTS AND INTERESTS).
ADDITIONAL PAGES MAY BE ADDED IF NEEDED.

GIVE A SHORT PERSONAL BACKGROUND AND ANY EXPERIENCE IN THE AGRICULTURAL INDUSTRY. INCLUDE ANY SPECIAL RECOGNITION OR HONORS YOU HAVE RECEIVED, AS WELL AS YOUR INVOLVEMENT IN COMMUNITY ACTIVITIES. ADDITIONAL PAGES MAY BE ADDED IF NEEDED.

APPLICATION INSTRUCTIONS

APPLICATIONS MUST INCLUDE:

- Application
- Official college transcripts
- Three reference letters
- Current headshot for use in announcement

MAIL:

Arkansas Farm Bureau
Attn: Lori Croy
P.O. Box 31
Little Rock, AR 72203

E-MAIL:

lori.croy@arfb.com

Signature: _____

REFERENCE LETTERS MUST BE TYPED AND ON LETTERHEAD WITH AT LEAST ONE LETTER FROM A UNIVERSITY FACULTY MEMBER.
DO NOT SEND REFERENCE LETTERS FROM FAMILY MEMBERS.

ALL MATERIAL MUST BE RECEIVED BY SCHOLARSHIP DEADLINE IN ORDER TO BE CONSIDERED.

Polk County Farm Bureau Scholarship
Requirements

1. Parents must be members of the Polk County Farm Bureau for at least two years. (Complementary FFA memberships are not eligible).
2. Students will attend an accredited College or University.
3. Students will maintain a 2.5 grand point average in college and have had a 2.5-point average in high school.
4. Students must be a high school senior or full-time college student in good standing.
5. Students that want to major in agriculture will be given priority, but the scholarships may be awarded to a non-agri field.
6. This is a scholarship which will be paid out \$500 per semester for two semesters. The student must provide us with the grade point average after the first semester in order to receive the scholarship for the second semester. Advanced full time college students may also apply.
7. Students must be recommended by the high school or current school attending.

I. Personal Information (Please Print)

Name (Last, First, Middle, Maiden) Social Security Number

Permanent Address (Street) (City) (State) (Zip) (Phone)

Place of Birth (City) (State) Date of Birth

II. Statistical Information

Sex (circle one)

Male Female

III. Educational Background

High School City Year of Graduation

Deadline to return April 3, 2026

School to be Attended

Purpose -Name of Program

List of Scholarships

(use back of page if necessary)

Deadline to be set by each school, however, applications must be returned to Farm Bureau by _____

Leadership

List School Clubs and Organizations of which you have been a member or Officer.

Organization or Club Name	Years of Membership	Honors	Office Held or Committees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Community Clubs or Organizations of which you have been a member or Officer.

Club/Organization Name	Years of Membership	Office held or Committees
_____	_____	_____
_____	_____	_____

Student Autobiography

Write a paper about yourself and use the following suggestions. This paper must be typed or written legibly in ink.

1. Academic and other achievements.
2. Favorite areas of study.
3. Positions of leadership and responsibility.
4. Activities in school, church, and community.
5. Anything else you feel the scholarship committee should consider.

Polk County Farm Bureau

School Information

To be completed by counselor or principal.

This is to certify that the above applicant ranks _____ in a class of _____ seniors. Date of high school graduation will be _____. The applicant has taken the following college entrance examination under a state-wide testing program.

Name of Test

Score

Dated this _____ day of _____, _____

Name of High School

Principal or Counselor

Address of High School

Polk County Farm Bureau Scholarship Trust
Scholarship Agreement

The Polk County Farm Bureau Scholarship Committee will be fair in decisions on the awarding of scholarships to applicants based on the information received on the application. Decisions will be made without regard to race, color, creed, or national origin. All decisions of the Scholarship Committee are final and binding. The committee will be happy to answer questions applicants may have about the committee's decisions to award or deny a scholarship, but request such questions be submitted in writing to the following address:

Polk County Farm Bureau
Attention: Scholarship Committee
P.O. Box 1139
Mena, AR 71953

I have read and understand the conditions of the Polk County Scholarship Committee and agree to the terms of the scholarship. If awarded a scholarship, I further agree to submit a current copy of my transcript at the end of the first semester if I wish to be considered for a continuation of the scholarship.

Signed _____

Date _____

Signature of parent or guardian

Date _____

Phone _____