

SD WEED & PEST CONFERENCE SCHOLARSHIP

Scholarship Application Form

PERSONAL INFORMATION:

Name _____

Address _____

Telephone Number _____

Home County _____

Email Address. _____

Date of Birth _____

To be eligible for a Weed Fighter’s scholarship you must meet the following requirements:

1. Be a citizen of the United States, and a South Dakota resident.
2. Be a post - secondary student who has completed at least 12 credits, with an agronomy or entomology field of study in a South Dakota College, University or Technical School.

Minimum scholarship to be awarded is \$500.

More than 1 scholarship may be awarded.

ACADEMIC INFORMATION:

High School: _____ Year of Graduation: _____

Name of College/University/Technical School Attending: _____

Major or area of academic emphasis: _____

Cumulative Grade Point Average: _____

Please attach an unofficial college transcript.

FINANCIAL INFORMATION:

Qualification for the Weed Fighter’s Scholarship will be partially based on financial need. Please describe how you plan to pay for your cost of attendance for the 2014-2015 academic year, including any scholarships you will be receiving.

ESSAY:

The essay should discuss how your major area of study, area of specialization, and the occupation you plan will impact the weed control issues of South Dakota. Describe why you chose your area of study, your long-term goals and how do you plan to achieve them, and other information that is relevant to your career plans. The essay should be typed and double-spaced, with no more than 500 words. Put your name, college/university or technical school and major field of study at the top of each page.

APPLICATION:

Assemble the application in the following order. Do not use a report binder.

1. Application form
2. Financial information
3. Essay
4. Unofficial College Transcript,

REQUIRED INFORMATION:

I authorize my school officials to give information about by academic records to the South Dakota Weed Fighters: yes ___ no ___

To the best of my knowledge, the information presented on this application is complete and true.

Applicant’s Signature _____ Date: _____

Return Application form by April 10, 2015, to: Gary Pribyl
19987 Homestead Lane
Wolsey, SD 57384

Or e-mail to gpribyl@santel.net

Late applications will not be considered