

\$1000 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.

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 a 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 2011-2012 academic year, including any scholarships you will be receiving.

ESSAY:

The essay should discuss your major area of study, area of specialization, and the occupation you plan to pursue after graduation. 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. List two references (Name, address, phone number)
3. Financial information
4. Essay
5. Official School 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:_____

CERTIFICATION BY SCHOOL OFFICIAL: I certify that the academic information presented on this application is complete and true and that the applicant meets the stated eligibility requirements.

Signature_____ Printed Name_____

Title_____ School_____

Phone No._____ Date_____

Return Application form by April 20, 2012, to:

Gary Pribyl
19987 Homestead Lane
Wolsey, SD 57384
Or e-mail to
gpribyl@santel.net