



## SCHOLARSHIP APPLICATION

Date Submitted: \_\_\_\_\_

Due By: April 1st

Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_ - \_\_\_\_\_  
(Street, Rural or Box#) (City) (Zip)

\*Phone Number: \_\_\_\_\_ \*Email: \_\_\_\_\_

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:

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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?

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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