Dear Scholarship Applicant:

Because of the generosity of our members and sponsors who support the Warren County MO. Old Threshers we are pleased to sponsor a **$500 scholarship** to students who are part of Warren County MO - FFA, 4H or a child of a member of the Warren County Old Threshers.

**ELIGIBILITY**

1. Must be an active member of (one of the following)
2. Warren County MO. FFA
3. Warren County MO. 4H
4. Family member of a Current Warren County MO. Old Thresher Association
5. Must be a U.S. citizen.
6. Must be a high school graduate.
7. Must be accepted by or enrolled in an accredited community college, college, or university.
8. Must exhibit potential for successful completion of course of study.

**IMPORTANT**

You are responsible for including the following items with your application. If one or more documents are missing, your application may be disqualified. The reference letter may be mailed separately, if necessary.

\_\_\_ Completed application \_\_\_ 250 to 500 word Essay (Section 4)

\_\_\_ Reference letter (1) \_\_\_ Application mailed and postmarked by

March 1st.

\_\_\_\_ Scholarship recipient to please donate 10 hours of Community Service to the

Thresher’s Organization in support of our mission. (This may be accomplished

at our annual show, Farm Heritage Days, in August) Please initial if you agree.

**Applications must be postmarked on or before March 1.** Mail to:

W.C.O.T.A.

17403 Barry Gln.

Warrenton, MO 63383-5003

Thank you for your interest. If you have any questions regarding the application or scholarship program, please contact Brian Joehl 314-363-8892.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please type or print legibly.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 1. GENERAL INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street or rural route) (town & state) (zip code)

Home County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s or Parent’s (Warren County MO Old Threshers Member’s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Warren County MO FFA or 4H Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leaders Name/Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

High School Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community College Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

College or University Currently Attending or Accepted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is/will be your major area of study? Please be specific. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) (town & state) (zip code)

Parents’ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2. ACADEMIC INFORMATION (Transcripts may be requested later for verification)**

What was your high school GPA? \_\_\_\_\_\_ / \_\_\_\_\_\_\_ High school class rank? \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(scale) (your rank) (# in graduating class)

What was your composite ACT score? \_\_\_\_\_\_\_\_\_\_\_\_

What was your community college GPA? \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

(scale)

What is your current overall GPA if enrolled at a four-year school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3. ACTIVITIES (if needed you may attach additional pages for this section)**

High school/college academic honors have you received:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List agricultural or other clubs to which you belong(ed). Indicate offices held, position of leadership, and

activities in which you participate(d):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List church, civic, or community activities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION 4. ESSAY**

Please attach a 250 to 500 word essay on the Warren County Old Threshers Mission statement and how it relates to you and agricultural history. (**DO NOT PUT YOUR NAME ON THE ESSAY)**

*“The Warren County Missouri Old Threshers Association is dedicated to preserving the history of our agricultural heritage through our museum and our efforts in educating the public.”*

**SECTION 5. PERSONAL REFERENCE**

Please submit one character reference letter with this application. References may not be relatives of the applicant.

I hereby certify that to the best of my knowledge, the above information is correct and complete.

Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION MUST BE POSTMARKED ON OR BEFORE MARCH 1.**

**Send application to:**

W.C.O.T.A.

17403 Barry Gln.

Warrenton, MO 63383-5003