

TACD MEMORIAL SCHOLARSHIP APPLICATION

NAME _____

ADDRESS _____

COUNTY _____ PHONE _____

PARENT/GUARDIAN'S NAME _____

ADDRESS, if different from above _____

NAME AND ADDRESS OF HIGH SCHOOL CURRENTLY ATTENDING

GPA _____ ACT SCORE _____ SAT SCORE _____

NAME AND ADDRESS OF COLLEGE PREFERRED

ENTRY DATE _____ INTENDED MAJOR _____

EXTRACURRICULAR ACTIVITIES (Attachments permitted)

HONORS AND AWARDS (Attachments permitted)

COMMUNITY, WORK OR OTHER ACTIVITIES (Attachments permitted)

FINANCIAL NEED – Please enter your family’s adjusted gross income from last year’s tax return _____

Total number of family members living at home _____ Children _____

Ages _____ Number attending college _____

Other considerations which need to be noted:

PLEASE DESCRIBE IN YOUR OWN WORDS HOW THIS SCHOLARSHIP WOULD HELP FURTHER YOUR AGRICULTURE-RELATED EDUCATION

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND CORRECT.

APPLICANT’S SIGNATURE _____ Date _____

PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT. LETTERS OF RECOMMENDATION MAY BE ATTACHED.

RETURN COMPLETED APPLICATION TO GUIDANCE COUNSELOR BY January 30, 2020
