

## Taylor County D.H.I. (AgSource) Scholarship Scholarship Application

Use this form as an outline and attach extra pages as needed. The applicant must be a resident of Taylor County and be enrolling in school for an agricultural related field. Mail this typed form on or before April 15<sup>th</sup> to:

Taylor County D.H.I. (AgSource) Scholarship  
c/o Michael Kohn  
44 MCT  
Medford WI 54451

Name: _____	Age: _____		
Home Address: _____			
Street/Route	City	State	Zip
Telephone Number: _____			

Parent/Guardian Name: \_\_\_\_\_

Name and age of siblings: \_\_\_\_\_

\_\_\_\_\_

High School Attended: _____			
School Address:			
_____			
Street/Route	City	State	Zip
School Telephone Number: _____	School Principal: _____		
Date of Your Award Day: _____			

Job/Employment Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Activities, Responsibilities and Awards earned in:**

High School

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Community/Church

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Youth Organization (4-H, FFA, Scouts, etc.)

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Others

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Intended Major Field of Study: \_\_\_\_\_

Name of Institution you will attend: \_\_\_\_\_

\_\_\_\_ Typed Essay entitled "What I hope to do with my career choice". (not to exceed 150 words)

\_\_\_\_ **Written recommendations from three people, preferably a high school instructor and two unrelated persons, regarding work habits, emotional stability, character, personality, etc.** Letters must be received on or before April 15<sup>th</sup> and should be sent to address listed on the first page of application.

**Recommendations have been requested from the following:**

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Name	Complete Address	Occupation
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Name	Complete Address	Occupation
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Name	Complete Address	Occupation
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**Please attach accumulative transcripts of grades, including 1<sup>st</sup> semester of 12<sup>th</sup> year and classes enrolled in 2<sup>nd</sup> semester, to the address listed on the first page of application, on or before April 15<sup>th</sup>.**

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Signature of Applicant	Date
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Signature of Parent/Guardian	Date
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