



## 2019 Youth Scholarship Application

### Scholarship Guidelines

This scholarship shall be awarded to a deserving Ashtabula County Senior Student who will be attending an accredited full four-year college or an accredited two-year technical institute in 2019-2020. The student must be resident of Ashtabula County. Approximately \$500-1000 in scholarships will be awarded.

The first preference would be given to a student pursuing a career that is agriculturally related.

The first payment will be made to the recipient upon his/her notifying Brant's Apple Orchard (owner), in writing, of registration in a college or technical institute and that first semester/quarter fees have been paid. All scholarship monies must be used between September 1, 2019 and August 1, 2020 unless other arrangements are made.

**Incomplete applications will not be considered.** A complete application will include all of the following: (1) this four-page application completed by you. (2) An official transcript of all credits earned in high school. The transcripts must be officially stamped by the high school. No copies will be accepted. Please allow ample time for the transcripts to be processed. It may take two to three weeks for your school to process your request.

Brant's Apple Orchard must receive applications by May 1, 2019 for consideration for the scholarship. No late applications will be considered. The information asked for in this application is necessary in order for us to determine the award winners. Please mail your application packet to: **Brant's Apple Orchard Scholarship Application PO Box 562 Jefferson, Ohio 44047**

# Brant's Apple Orchard 2019 Youth Scholarship

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

Parent's occupations: (if self-employed, please be as specific)

Father \_\_\_\_\_ Mother \_\_\_\_\_

How many people are dependent upon income from the above occupations? \_\_\_\_\_

What high school are you currently attending? \_\_\_\_\_

Where do you plan to enroll in college? \_\_\_\_\_

What do you intend to study in college? \_\_\_\_\_

What do you intend to do after graduating from college? (Attach additional sheets as needed)

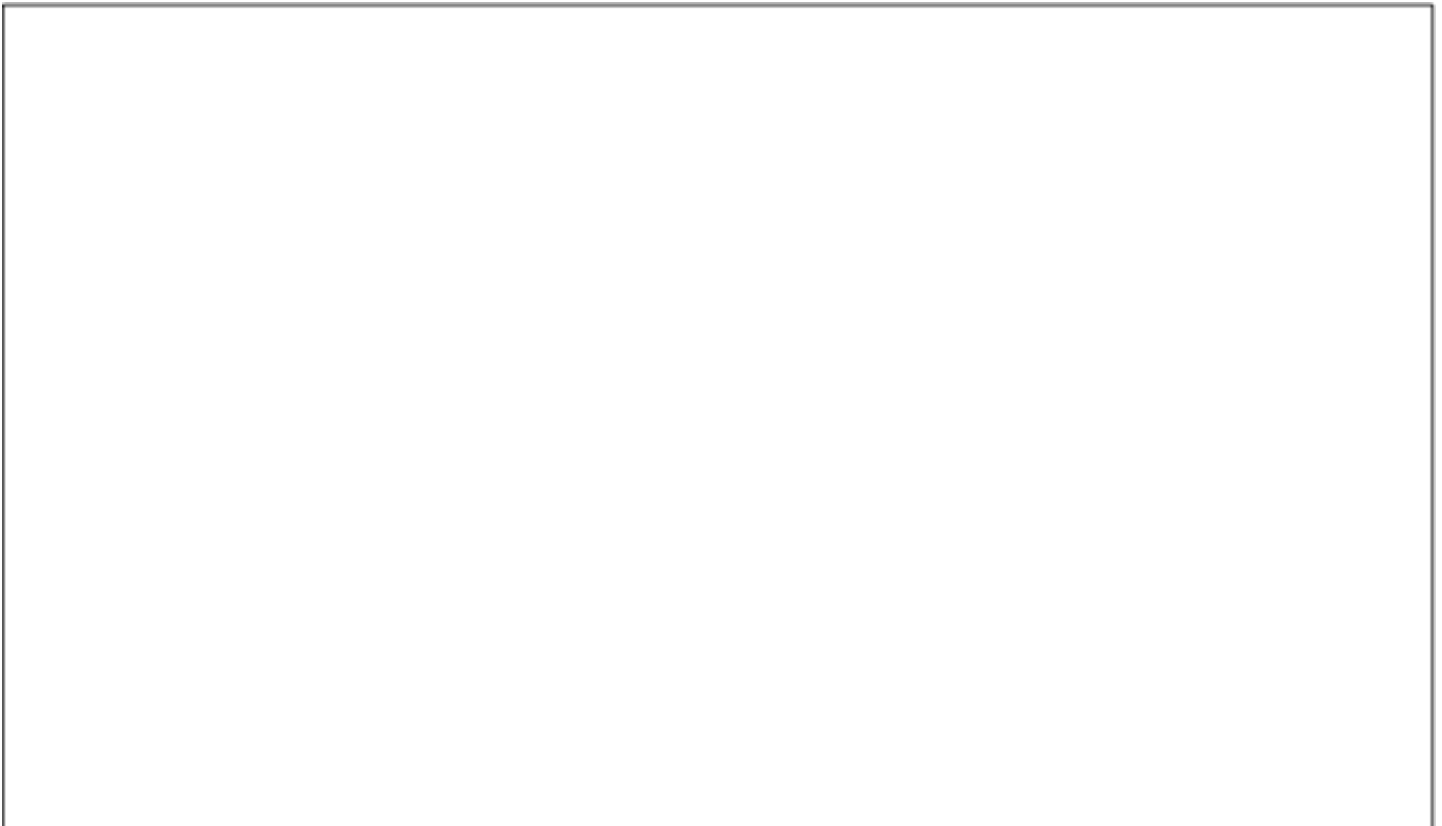
Were/Are you an Ashtabula County 4-H member? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_Number of Years

Were/Are you an FFA Member in Ashtabula Co? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_Number of Years

List all school organizations and activities you were a member of, or took part in, and list offices held (attach additional sheets as needed)



List out-of-school organizations you have belonged to, number of years a member and offices held. And/or jobs you have held. (Attach additional sheets as needed)



Please explain your need for financial assistance to attend college and describe your plans for meeting this financial need. (attach additional sheets as needed)

Why do you believe that Brant's Apple Orchard should award you this scholarship? (attach additional sheets as needed)

Please list any other comments that you would like to share with the selection committee.

What is the tuition (do not include room and board) charge per semester/quarter for the school(s) you plan to attend? \_\_\_\_\_ per semester or quarter (**circle one**)

Have you been awarded any other scholarship(s)? \_\_\_\_\_  
If so, what is the total value? \_\_\_\_\_

Please indicate the date, time and location of your school's scholarship awards ceremony (if scheduled prior to application deadline)

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**Mail Application to:**

**Brant's Apple Orchard Scholarship Application**

**PO Box 562 Jefferson, Ohio 44047**

**Authorization Info**

I understand my name and information from my academic history may be released to the scholarship selection committee(s). If awarded a scholarship, I release Brant's Apple Orchard, the right to arrange a newspaper interview and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee.

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Student Signature:

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Date: