# **NEBRASKA SORGHUM PRODUCERS ASSOCIATION**

# ANNUAL SCHOLARSHIP

## **APPLICATION DEADLINE: March 1**

Nebraska Sorghum Producers annually awards a \$500 scholarship to a graduating high school senior or a student currently enrolled in post high school education. To qualify, the student must plan to pursue a course of study, which will prepare him or her for a career in agriculture or an ag-related field. The scholarship is limited to one per recipient.

The screening and selection of the scholarship recipient will be done by a special Scholarship Committee appointed by the Nebraska Sorghum Producers Association. The committee will select one winner and one alternate winner. The winner will be selected and notified by May 1st of each year, in time for spring commencement ceremonies, if appropriate. The proceeds of the scholarship will be applied to the winning candidate's tuition or other educational expenses.

# ELIGIBILITY REQUIREMENTS

- 1. Applicant's parent or guardian must be a member of the Nebraska Sorghum Producers Association;
- 2. Applicant must be currently enrolled in post high school education or enrolled for the fall semester after graduating from high school;
- 3. Applicant must show production agriculture or a related area as his or her intended career;
- 4. The scholarship recipient may be invited to attend Nebraska Sorghum Producers Association's annual conference for introduction to the members of the Association.

#### **APPLICATION PROCEDURE**

This application form must be typed or clearly printed in ink. All responses must fit within The space allotted; additional pages will not be considered by the Selection Committee.

Application Deadline: \*\*March 1st of Each Year (\*\*Must be postmarked by March 1st)

| Applicant's Name                   |                     | Male  | Female   |
|------------------------------------|---------------------|-------|----------|
| Address (if different from that of | Parent or Guardian) |       |          |
| Street or Route                    | City                | State | Zip Code |
| Parent/Guardian's<br>Name:         |                     |       |          |
| Address:                           |                     |       |          |
| Street or Route                    | City                | State | Zip Code |
| Phone:                             | County:             |       |          |
|                                    | 1                   |       |          |

| Parent/Guardian is a member of NeSPA? Yes               | _ No      |           |          |
|---|-----------|-----------|----------|
| If "No", Please complete the Membership Application on  | Page 4    |           |          |
| If "Yes", Membership I.D. Number:                       |           |           |          |
| Average Number of Acres of Grain Sorghum Grown:         |           |           |          |
| High School:  |           |           |          |
| Name Local Newspaper:                                   |           | City      |          |
| Address C   | ty        | State     | Zip Code |
| Have you previously applied for a NeSPA Scholarship?    |           | Yes       | No       |
| Applicant is currently:                                 |           |           |          |
| (a) A high school senior, enrolled for fall classes aft | er gradua | ition at: |          |
| (Name of Institution)                                   |           |           |          |
| (b) Enrolled in post high school education at:          |           |           |          |
| (Name of Institution)                                   |           |           |          |
|   |           |           |          |
|   |           |           |          |
| Describe briefly your career plans in production agric  |           |           |          |

|   | _                                     |                                      |
|---|---------------------------------------|--------------------------------------|
| How will your proposed post hi agriculture?     |                                       | pare you for a career in             |
|   |                                       |                                      |
|   |                                       |                                      |
|   |                                       |                                      |
| Date of High School Graduation:                 | Date of Applica                       | ation:                               |
| Signature of Applicant:                         | Signature of<br>Parent/Guardia        | an:                                  |
|   | FOR HIGH SCHOOL STUDENT               | <u>S</u>                             |
| This section is to be completed by              | y the high school superintendent,     | principal or counselor.              |
| Applicant's Grade Average for High School Years | Applicant's<br>Numerical Rank         | Number of Pupils in Graduating Class |
| Atta  | ach a copy of applicant's grade trans | cript.                               |
| Signature of Official:                          | Title:                                | Date:                                |
| FOR APPLICANTS CURR                             | ENTLY ENROLLED IN POST H              | IGH SCHOOL EDUCATION                 |
| Atta  | ach a copy of applicant's grade trans | cript.                               |

# FOR ALL APPLICANTS

#### Important: All applicants shall request a letter of recommendation from their counselor or advisor which shall be forwarded directly to the Scholarship Selection Committee at the address below.

Return To: Nebraska Sorghum Producers Association P.O. Box 94982 Lincoln, Nebraska 68509-4982 Phone: 402/471-3552

How did you learn of the Nebraska Grain Sorghum Producers Association Scholarship?

#### NEBRASKA SORGHUM PRODUCERS ASSOCIATION MEMBERSHIP APPLICATION

| Name                | Phone Num            |       |          |
|---------------------|----------------------|-------|----------|
| Address             |                      |       |          |
| Street or Route     | City                 | State | Zip Code |
| Date of Application | Authorized Signature |       |          |

Please remit \$100 for a one-year membership or \$280 for a three-year membership, along with this completed application form, to:

NeSPA, P.O. Box 94982, Lincoln, NE 68509-4982

#### **APPLICANT'S CHECKLIST**

\_\_\_\_\_Ensure all responses fit within space allotted;

\_\_\_\_Include a copy of your transcripts;

\_\_\_\_\_Include a letter of recommendation from a counselor or advisor;

\_\_\_\_Obtain necessary signatures;

\_\_\_\_\_Check your **membership** status: submit membership form with your **check**, if

applicable; \_\_\_\_\_Submit your application by March 1st.