



The Oregon Farm Bureau, COUNTRY Insured,
Associate Member Scholarship, funded by
COUNTRY Financial

Name _____

**The Oregon Farm Bureau, *COUNTRY Insured*, Associate Member Scholarship,
funded by COUNTRY Financial**

through the Oregon Farm Bureau Foundation for Education

SCHOLARSHIP ELIGIBILITY

The Oregon Farm Bureau Associate Member scholarship, funded by COUNTRY Financial is available to:

- New full time (*12 or more hours per quarter or the semester equivalent*) students (graduating High school seniors that will graduate from Oregon High school)
- Current full time (*12 or more hours per quarter or the semester equivalent*) college students with a Oregon high school diploma
- Oregon Home School graduate with a full year, 24 semester or 36 quarter hours, of completed college coursework documented by a transcript & proof of parent’s Oregon residency (to consist of three consecutive land-based utility (power, sewer, water, or landline phone) bills within the last 6 months.) ***You only need to supply the proof of residency if you are an Oregon home school graduate applicant.***
- Students must be preparing to continue his/her education through a community college, or a four-year college or university with intent to seek a bachelor’s degree.
- ***Associate membership must be current and at least 6 months old. Student or students’ parents must insured by COUNTRY Financial.***

A student is considered a full time student at an institution if they are enrolled at one institution or two. (If enrolled in a “*dual enrollment program.*”) It is possible to reapply for the scholarship annually for up to three years after initial award; however a ***new current year*** application must be completed. The applicant must be an Oregon resident, but doesn’t have to attend school in Oregon. They must also be an associate member or a dependent child of an associate member (***non-voting/non-farming***) of Oregon Farm Bureau. Scholarship awards are awarded for a standard school year, and cannot be carried over into another school year, including summer term. The goal of this scholarship is to help future community and business leaders obtain a baccalaureate education with the aim of strengthening understanding, cooperation, and mutual respect among rural, urban, and suburban Oregonians.

** Employees of Oregon Farm Bureau and COUNTRY Financial and their immediate families are not eligible for this scholarship.*

INSTRUCTIONS

APPLICANTS WHO ARE PART OF FARMING FAMILIES and have more than \$2500 in gross farm or ranch income (VOTING MEMBERS OF OFBF), ARE NOT ELIGIBLE TO BE AN ASSOCIATE MEMBER OR RECIEVE THIS SCHOLARSHIP.

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2017-2018 Academic Year: *Oregon Farm Bureau Memorial Scholarship-OFBMS is a trademark of the Oregon Farm Bureau Foundation for Education and Oregon Farm Bureau Federation (OFBF). The foundation is a 501 (c) 3 corporation-Tax ID 94-3141614. Gifts and donations made to it and its projects are tax deductible to the extent allowable by law*

If you are part of a farming family (voting member), and plan to major in a field of agriculture, you should apply for an OFB Memorial Scholarship.

It is important to follow the directions outlined in the *Scholarship Application and Procedures* that serves as a cover letter for this application form. **Please complete this form in FULL. Incomplete applications are considered ineligible.** (Examples: If an attachment is used to complete an item, be sure to write, *see attachment*, and then correctly label your attachment with the appropriate item number, your name AND follow the same format used in the Scholarship Application. **Do not leave any item blank.**)

1. Name

_____	_____	_____
First	Middle	Last

Email _____ Cell Phone _____
(Both email and cell phone contacts are helpful as student are mobile and often change addresses when at school)

2. Permanent Mailing Address _____

	Street/PO Box #	City

County	State	Zip

		Telephone

3 ***What*** college or institution of higher education will the applicant attend in the ***fall?*** _____

4. For the academic year beginning _____

5. Major Course of Study _____

6. In 100 words or less describe your career goals.
(Please use separate sheet of paper, and this may be typed.)

7. Please list high schools, community colleges, and colleges you have attended. Include dates of attendance and graduation. Do not include single courses or class studies, e.g. night school.

SCHOOLS	DATES
_____	_____
_____	_____
_____	_____
_____	_____

BE CERTAIN YOUR TRANSCRIPTS ARE INCLUDED WITH THIS APPLICATION.
Transcripts are required of your ***high school years and all college transcripts to date and must be submitted with your other application materials. Only "Official" or copies of official are accepted.***

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8. Applicant's overall GPA from high school____; Community College____;
4-Year College_____.
9. What will be your academic level for the coming school year, **2017-2018**?
Freshman (____); Sophomore (____); Junior (____); Senior (____); or Graduate (____)
10. List school activities, scholastic recognition, awards, and honors.
(Please organize this by year)
11. List involvement in community activities and service. (Please indicate the
approximate numbers of **annual** hours spent per activity & **organize by year.**)
12. List up to three leadership experiences and describe the leadership skills achieved
through those experiences.
13. (A) List your work experience. (B) Describe your job responsibilities, activities, and
time (hours) spent on the job.
14. How, or from whom, did you find out about this scholarship?

15. Have you received the Oregon Farm Bureau Associate Member Scholarship, funded
by COUNTRY Financial previously? If so, please indicate which year.

16. **CONFIDENTIAL LETTERS OF RECOMMENDATION:** (A) **Applicant** must
submit **TWO** letters of recommendation, giving information about his/her character,
leadership ability, and community service. One of the two letters must be from a
school teacher or official, and the other from a non-family, non-school person. The
letters must be received with the application, and may be sealed for confidentiality by
the letters' author if they so desire.
- (B) Please provide the names and occupations of the individuals who will be
supplying the confidential letters of recommendation that are included with your
application.

17. In your **own handwriting and in ink pen**, write a brief essay (not to exceed 500
words in length), responding to the subject, ***“Why is family agriculture an important
part of Oregon’s future?”***

18. Applicant certifies that the information provided in this application form is true. Applicant agrees that if applicant is selected for a scholarship, applicant will attend the institution listed above and will pursue the major course of study listed in the application for the duration of the academic year.

Applicant understands and agrees that failure to comply with the above may render applicant ineligible for the scholarship granted and applicant may be required to return any remaining unused portions of the scholarship award to the Foundation.

It is understood that submission of this completed application gives permission to the Oregon Farm Bureau Foundation for Education and the Oregon Farm Bureau Memorial Scholarship Project to utilize your name and/or picture for promotional purposes to further the mission of the Foundation.

Dated this _____ day of _____, 20__.

Applicant
Signature _____

For additional information contact:

The Oregon Farm Bureau, COUNTRY Insured, Associate Member Scholarship,
funded by COUNTRY Financial

Through the Oregon Farm Bureau Foundation for Education
Andréa Kuenzi, Scholarship Coordinator
Oregon Farm Bureau Foundation for Education
1320 Capitol Street, NE Suite 200
Salem, OR 97301
FAX: 503.399.8082
andrea@oregonfb.org

The Oregon Farm Bureau Memorial Scholarship Screening Committee reserves the right to make decisions and award scholarships based on the clarity and completeness of applications. The Oregon Farm Bureau Memorial Scholarship Selection Committee reserves the right to make final awards with regard to goals, intent, and purpose of the scholarships in its best judgment concerning the final candidates.

Because of the potential volume of applications, we cannot respond to queries regarding the status of specific applications. It is the responsibility of each applicant to ensure that all materials requested are sent in one envelope and on time to meet the stated deadline of **March 15, 2017**.

Please provide the following OFB Associate Membership Information:

Member Name(s): _____ Membership Number: _____