

FINANCIAL NEED:

Please give a brief statement indicating financial need.

ACTIVITIES/LEADERSHIP/WORK EXPERIENCE

Activity (Demonstrate any leadership roles or participation in groups, organizations, teams, community service work, etc., past and present, include # of years as an active member. It is beneficial to include membership in agricultural groups such as 4-H, FFA, etc.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Work Experience (include job duties and length of employment for each, most recent first)

1. _____
2. _____
3. _____
4. _____

STUDENT’S EXPERIENCE/GOALS

1. On a separate sheet of paper – Summarize (typed – 1 page only) your educational and career goals and how you plan to attain them.
2. On a separate sheet of paper – Summarize (typed – 1 page only) your outlook upon agriculture and safety, its impact upon you, and the importance of its future in our state.

STUDENT CERTIFICATION – *to be completed by applicant*

I hereby attest that above submitted information is true and correct to the best of my knowledge, attached writings are my original writings, and that I have not willfully suppressed or falsified any material of fact. All information submitted is the for the purpose of scholarship consideration. Any misrepresentation of fact or information contained within will result in cancellation of consideration for such scholarship.

Applicant Signature _____ Date _____

SCHOOL CERTIFICATION - *to be completed by school administrator*

I hereby testament that above student has achieved the following Grade Point Averages.

____ Historical Overall GPA
____ Previous year Cumulative GPA for 20__/20__ term year

Signed _____ Date _____

Title _____ School Name _____



LETTER OF RECOMMENDATION FORM

**To be completed by Employer, Activity Sponsor, Religious Leader, or Academic instructor, advisor, or counselor.
Writer of Recommendation is to mail this form in separate envelope to:*

Ag Cooperative Safety Directors of Nebraska
Scholarship Committee – Dawn Pochop
P.O. Box 10
Battle Creek NE 68715

Students Name _____

Your Name _____

Title/Organization _____

Your Address _____

Your Day Phone _____ Your Evening Phone _____

(Attach separate page if more space is needed.)

1. How long, how well, and in what capacity do you know the student?

2. What would you say are the student's strengths & weaknesses?

3. Any other comments or observations.

Signed _____

Date _____