

## 2019-20 Wisconsin Rural Opportunities Foundation, Inc. Scholarship Application Form

To be completed by the <u>student</u> at the time of scholarship application. <u>Note</u>: The scholarship recipients' information may be used by Wisconsin Rural Opportunities Foundation, Inc. for their website and other publications sharing the selections.

Due Date: November 15, 2019 to your Financial Aid Office

(Due to WTCS Office by November 29th, 2019 by email)

## Please Print or Type Information

Date:			-				
Recipient's Na	ame:						
			First	MI	La	st	
Current Addre	SS:						
			Street				
City			State	Zip Code	County		
Permanent Address:							
					Street		
City			State	Zip Code	County		
Home Phone #: Email:				_ Cell Phone #:			
	etown ne	wspaper:					
		Name		C	ity	State	
Year of High S	School G	raduation:					
Check one:		Member	· (past/p	resent) of a family ope	rating a family-sized fa	arm.	
		Person f	Person from a Wisconsin rural area (township/village/city with a				
		• •		s than 20,000 based o	n most recent Federal	census).	
Wisconsin Tec		-	-				
Year of Study:		1 <sup>st</sup>		ond			
Program Title:	Agricu	lture, Foo	d, & Nat	ural Resources Prog	<b>rams</b> such as but not l	imited to:	
-				Dairy Herd Manageme			
🗆 Farm Busi	ness & P	roduction	Manager	ment 🖂 Farm Manag	ement 🛛 Farm Opera	ation 🗆 Veterinary	
Technician, ot	her Agric	ultural & N	atural R	esource Program		-	
Health Occup							
□ Nursing As	sociate I	Degree 🗆	Nursing	g Assistant 🛛 Practic	al Nursing		
Career/Occup	ational D	lone					
For additional for							

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Explain why you are interested in your technical college program.

List projects, awards, leadership roles, offices held, student and community organizations, Farmers Union, 4-H, FFA, HERO programs, other activities.

Other community activities, interests, hobbies, etc.

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Describe your Wisconsin Farm (or rural) background, and your involvement in operation.

<u>Financial Need</u>: Please explain your need for this financial assistance, and how the scholarship funds would be used to further your technical college education.

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<u>School Certification</u> – This section must be completed by your technical college's financial aid office, or the application will be returned.

- 1) This student has applied for financial aid and has financial aid need.
  - □ Yes □ No
- 2) This student is enrolled, and in good standing, in the program indicated on this application.
  - □ Yes □ No

Technical College Financial Aid Officer

I certify that the information contained in this application is accurate. I also agree that the Wisconsin technical college I am attending may release information regarding my academic accomplishments to the Wisconsin Rural Opportunities Foundation, Inc.

Signatu	re of	apr	olicant

## Date

Date

## Applications are due to the Financial Aid Office by November 15<sup>th</sup>, 2019.

Financial Aid Offices must email application to: Grants@wtcsystem.edu by November 29th, 2019.

Awards are determined by the Wisconsin Rural Opportunities Foundation, Inc.