**2017-18 Wisconsin Rural Opportunities Foundation, Inc.**
Scholarship Application Form

To be completed by the student at the time of scholarship application. Note: 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 20, 2017 to your Financial Aid Office**

(Due to WTCS Office by November 30th, 2017 by mail)

**Please Print or Type Information**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 First MI Last

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Street
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 City State Zip Code County
Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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 City State Zip Code County
Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of hometown newspaper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_
 Name City State
Year of High School Graduation: \_\_\_\_\_\_\_\_\_

Check one: [ ]  Member (past/present) of a family operating a family-sized farm.

 [ ]  Person from a Wisconsin rural area (township/village/city with a
 population of less than 20,000 based on most recent Federal census).

Wisconsin Technical College Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of Study: [ ]  1st [ ]  2nd

Program Title: **Agriculture, Food, & Natural Resources Programs** such as but not limited to:
[ ]  Agribusiness/Science Technology [ ]  Dairy Herd Management [ ]  Dairy Science
[ ]  Farm Business & Production Management [ ]  Farm Management [ ]  Farm Operation [ ]  Veterinary
Technician Other Agricultural & Natural Resource Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Health Occupations, Specifically:**[ ]  Nursing Associate Degree [ ]  Nursing Assistant [ ]  Practical Nursing Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career/Occupational Plans: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
For additional forms, please copy.

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Explain why you are interested in your technical college program.

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

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Other community activities, interests, hobbies, etc.

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

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Financial Need: 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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School Certification – 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

1. This student is enrolled, and in good standing, in the program indicated on this application.

 [ ]  Yes [ ]  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Technical College Financial Aid Officer Date

|  |
| --- |
|  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 accomplishmentsto the Wisconsin Rural Opportunities Foundation, Inc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of applicant Date |

**Applications are due to your Financial Aid Office by November 20th, and to the WTCS Office by November 30th.**

Please return completed applications to:

 Karen Showers
 Education Director
 Wisconsin Technical College System Office
 4622 University Ave
 P.O. Box 7874
 Madison, WI 53707-7874

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