

# JOHN ROBERT ALLEN & DARLENE ALLEN SCHOLARSHIP

(Limited to students pursuing a degree in Agriculture or Education only)

**TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES**

Completeness and neatness ensure your application will be reviewed properly.

## APPLICANT

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Permanent Home \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Permanent Home \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Day Telephone \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

## HIGH SCHOOL DATA

School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

## POST-SECONDARY SCHOOL DATA-Field of study must be in Agriculture or Education

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

☐ 4 yr. College or University ☐ 2 yr. Community or Junior College  
☐ Vocational-Technical School ☐ Other, explain \_\_\_\_\_

Year in school next year: 1 2 3 4 5 or Graduate Study

Major or course of study \_\_\_\_\_ Anticipated date of graduation (Month/Year) \_\_\_\_\_

Degree anticipated: ☐ Bachelor's ☐ Associate ☐ Certificate **Agriculture or Education** (circle what applies)

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address, and name of this scholarship program should be included on all attachments.

The Scholarship(s) may be renewed each semester, for up to two years, subject to the recipient(s) maintaining full-time enrollment and an accumulated grade point average of at least 2.7 (GPA)

This scholarship will be limited to a student or student(s) who:

- Has completed the application for scholarship from the Fund
- Has not otherwise received a full scholarship by other means
- Will be enrolled as a full-time (12 hours per long semester) student at an accredited College, University, Trade or Technical School
- Graduated from Lohn, Rochelle, or Brady School Districts, or their successors in interest.
- Has at least an 80-grade point average

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## WORK EXPERIENCE

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Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximately number of hours worked each week. List amounts earned at each job

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per week	Amount Earned

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## ACTIVITIES, AWARDS, AND HONORS

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List all school activities in which you have participated in the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	# of Yrs. Partic.	Special Awards, Honors	Offices Held	Activity	# of Yrs. Partic.	Special Awards, Honors	Offices Held

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## GOALS AND ASPIRATIONS

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Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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## UNUSUAL CIRCUMSTANCES

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Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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## APPLICANT APPRAISAL

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To be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

*You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

The applicant's choice of a post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

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## TRANSCRIPT INFORMATION

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High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official. On-line transcripts and grade reports are acceptable.

Applicant ranks \_\_\_\_\_  
in a class of \_\_\_\_\_

Cumulative Grade Point Average  
Weighted: \_\_\_\_\_ / 4.0 scale  
Un-weighted: \_\_\_\_\_ / 4.0 scaled

PSAT		
Writing	Math	Reading

SAT 1		
Writing	Math	Reading

ACT	
English	Math

School Official's  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

School Official's  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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## CERTIFICATION

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The School Districts in McCulloch County has the sole responsibility for selection recipients based on criteria as set in the program's scholarship guidelines. This application becomes the property of the school districts in McCulloch County. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of the committee are final. I certify that I meet the basic eligibility requirements of the program as described in the scholarship guidelines and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information that I have provided on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_