2024 SCHOLARSHIP PROGRAM

SCHOLARSHIP SPECIFICS

Three \$500 scholarships will be awarded.

ELIGIBILITY REQUIREMENTS

- Must be a graduating high school senior.
- Must enroll full time in an agriculture program at an accredited Oklahoma college, university or technical school.
- Scholarship funds will be available at the conclusion of the recipient's first semester upon proof of first semester completion and enrollment in the upcoming semester.
- Must be a member of a Farm Bureau family (father, mother or legal guardian memberships qualify; grandparents', siblings' or other relatives' memberships may not be used). Membership must remain in good standing for the duration of the scholarship.
- Children of paid employees of Oklahoma Farm Bureau and Affiliated Companies are not eligible.

DEADLINE FOR APPLICATION

- Applications are available at county Farm Bureau offices or online at the Oklahoma Farm Bureau website at **www.okfarmbureau.org/counties/leflore**.
- Application must be **emailed or postmarked no later than August 1, 2024**.

SUPPORTING MATERIALS

Applicants must provide the following materials along with the scholarship application:

- A copy of the applicant's current official high school transcript.
- A copy of the applicant's resume with activities and honors listed.
- One essay (500 words maximum), double-spaced, typed in Times New Roman, 12-point font.
 Explain how receiving this scholarship will hole you achieve your educational goals
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- One character reference letter.

SUBMISSION AND CONTACT INFORMATION

Mail completed application no later than August 1, 2024 to:

LeFlore County Farm Bureau Attn: Ginger Boevers P.O. Box 417 Poteau, OK 74953

OR email the completed application no later than **August 1, 2024,** to:

virginia.boevers@okfb.com.

For more information, please contact County Secretary Ginger Boevers at 918-647-4528 or virginia.boevers@okfb.com.

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APPLICANT INFORMATION

Name:		
Address:		
City:		
Phone:	Email Address:	
County:	OKFB Membership Number:	

FAMILY INFORMATION

Number of family members including myself:			
Number of family members attending college simultaneously:			
Father/guardian occupation:			
Employer:			
Mother/guardian occupation:			
Employer:			

NEWSPAPER CONTACT

Local Newspaper Name: ____

Newspaper's Email Address: _____

SCHOLARSHIP INFORMATION

Date of high school graduation:	Rank in graduating class: out of		
High school GPA (through last completed semester):	Highest SAT and/or ACT score(s):		
University/college/technical school applicant plans to attend:			
Planned major field of study:			
List any other scholarships you have received in the space below.			
Name of scholarship	Amount		

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Applicant must attach the following:

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- A copy of the applicant's resume with activities and honors listed.
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