



# FARM CREDIT WEST®

## SCHOLARSHIP RENEWAL APPLICATION

### Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parents Last Name: \_\_\_\_\_ Parents First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

### 2020-2021 College or University Information:

College Attending: \_\_\_\_\_

College GPA: \_\_\_\_\_ Will you be a full time student in the Fall? \_\_\_\_\_

Expected Academic Major: \_\_\_\_\_ Expected Career Field: \_\_\_\_\_

**\* YOU MUST INCLUDE A COPY OF YOUR MOST RECENT COLLEGE TRANSCRIPTS AT THE TIME OF APPLICATION**

### ACKNOWLEDGEMENT

I have received, read and agree to abide by Farm Credit West's scholarship guidelines.

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

Farm Credit West will contact recipients no later than August 15, 2020 with the scholarship decisions. **Scholarship checks are made co-payable to the scholarship recipient and the school they are attending.** Please contact Sylvia Harrell if you have any questions at [scholarships@farmcreditwest.com](mailto:scholarships@farmcreditwest.com).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Renewal Applications are due to FCW by July 1, 2020**