



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: _____

2019-2020 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, 2019 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.

Applicant Signature: _____ Date: _____

Renewal Applications are due to FCW by July 1, 2019