



FARMERS  
ALLIANCE



# Building futures for tomorrow.

Local scholarships for  
bright futures in rural  
America.



## Two, \$2,000 scholarships will be awarded in the local CHS Farmers Alliance trade area

**Eligibility:** Applicant must be a high school senior from the local CHS Farmers Alliance trade area, have a desire to work in the agricultural field and show enrollment in post-secondary education. Applicant must include two, non-family, letters of recommendation, completed W-9 and photo for use in recipient announcements.

**Selection:** Primary consideration will be given to applicants whose high school academic performance is high while demonstrating the qualities of leadership, passion for the industry, integrity and citizenship.

\*Seniors of employees or board members do not qualify.

\*A current W-9 is required for payment and can be found below the scholarship link at our website or [www.irs.gov/FormW9](http://www.irs.gov/FormW9). W-9's will be shredded upon selection for all non-recipients.

**PART A:** To be completed by the applicant and turned into the school guidance counselor.

**Name of Applicant:** \_\_\_\_\_

**Home Address, City, State, Zip:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Number of Siblings:** \_\_\_\_\_ **Number of Siblings in College/Technical College:** \_\_\_\_\_

**Name of the school you plan to attend next year:** \_\_\_\_\_

**Location of College/Technical College (City, State):** \_\_\_\_\_

**Course of Study:** \_\_\_\_\_

**List school activities, community services and organizations in which you have been active. Please list offices held, outstanding achievements, abilities and talents.**



**One of the factors that may be considered by the selection committee is the financial need of the applicant. Please explain how this scholarship will help you financially.**

**What does agriculture mean to you?**

**Please write a short paragraph about your personal goals for the future.**

---

## PART B: Guidance Counselor Information

Guidance Counselor Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Return completed application along with  
two, non-family, letters of recommendation  
by Friday, April 5, 2024 to:

[CHSFarmersAllianceAR@chsinc.com](mailto:CHSFarmersAllianceAR@chsinc.com)



**FARMERS  
ALLIANCE**

