

**Bill Stoltze Scholarship**

 **$1500 Scholarship for FFA members furthering their education**

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| **Personal Information**(Please Type or Print Neatly) |
| Name (last, first, middle): |
| Permanent Mailing Address: |
| City, State, Zip Code: |
| Cell Phone Number: |
| e-mail address: |
| **Parent/Guardian Name**: |
| Mailing Address: |
| Home Phone: |
| **Educational Background** |
| High School Attended: |
| High School Address: |
| Proposed College/University: |
| College/University Address: |
| Proposed Major: |

**CERTIFICATION**

I certify that all information provided is true and correct.  I understand that any false answers or deliberate omissions in this application may be grounds for rejection and withdrawal of the award.

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                                Applicant’s Signature                           Date

*Applications must be complete and postmarked by March 31, 2024 to be considered.*

Please answer the following three questions.  Please use no more than two additional pages.

* **Why have you made the decision to further your education past high school?**
* **Explain your supervised agricultural experience project and what you have learned from it?**
* **How has the FFA organization helped you develop as a leader?**