I. PERSONAL INFORMATION

Name				
	Last		First	Middle
Home Add	lress			
	Street Addres	SS		
	City	State	Zip	Phone Number
Email Add	ress			
Name of F	ather			
Address Occupation	n or Employer			
Name of M				
Address _	n or Employer			
occupation				
WPVGA N	Member Company Name:	:		
	ther a member of the Wis Board and/or volunteered			
Auxiliary l	Member Name:			
		II. REFERE	NCES	
	references. One reference oach, counselor or adviso		who is familiar with y	our extra ciricular activities
Name				
	Street Address			
	City	State	Zip	Phone Number
Name				
	Street Address			
	City	State	Zip	Phone Number
Name	J		1	
1 141110				
	Street Address			
	City	State	Zip	Phone Number

III. SCHOOL INFORMATION

What school are you currently attending?			Clas	Class Rank	
Where will you be e	enrolled for the fall sen	emester 2024?			_
Campus Address					
	Street Address				
	City		State	Zip	Phone Number
Anticipated Major		Anticipa	ated Minor		
Number of credits e	arned as of application	on date:			
Grade point average	e last semester (4.0 sca	ale)			
Cumulative grade p	oint average (4.0 scale	e)			_
Please remember t	o attach a copy of tra	anscripts. Your ap	oplication wil	l not be look	ed at without it.
-	IV. So scholarship or merit a ociety memberships).			l while attend	ling school.
(
Name of Scholarshi	p				Amount
Name of Scholarship				Amount	
Name of Scholarshi	p				Amount
List any honors or a	wards received				

V. ACTIVITIES

Extracurricular Activities. Indicate only those in which you were especially active, held office, chairmanships, etc. Major and/or School Related (List organization and extent of activities): Agriculture Related (List organization involvement or activities): Other (National or State, Scouting, Service Clubs, Church, etc.): VI. EMPLOYMENT EXPERIENCES

Employment during the past four (4) years:

Year	Employer	Position/Responsibilities

VII. Please briefly describe why you feel you should goals and tell us where you see yourself in five years at tell us how your career will benefi	fter receiving your degree. Additionally, please		
Please remember to attach a copy of transcripts. Your app	olication will not be looked at without it.		
I hereby authorize the distribution of any information contained in my WPVGA Associate Division/WPG Auxiliary scholarship application, for the purpose of obtaining a scholarship, to members of the WPVGA Associate Division Board of Directors and WPG Auxiliary Board of Directors.			
NAME	DATE		