I. PERSONAL INFORMATION

Name				
	Last		First	Middle
Home Add	ress			
	Street Address	S		
	City	State	Zip	Phone Number
Email Add	ress			
Name of Fa				
_	or Employer			
· · · · · · · · ·				
Name of M	-			
Address _	or Employer			
Occupation				
WPVGA M	Member Company Name:	:		
	ther a member of the Wis Board and/or volunteered			
Auxiliary N	Member Name:			
		II. REFERE	NCES	
	eferences. One reference oach, counselor or adviso		who is familiar with y	our extra ciricular activities
Name				
	Street Address			
	City	State	7in	Phone Number
	City	State	Zip	Phone Number
Name				
	Street Address			
	City	State	Zip	Phone Number
Name				
	Street Address			
	City	State	Zip	Phone Number

III. SCHOOL INFORMATION

What school are you currently attending?					Class Rank	
Where will you be e	enrolled for the fall sen	mester 2025?				
Campus Address	-					
	Street Address					
	City		State	Zip	Phone Number	
Anticipated Major		Anticipat	ed Minor			
Number of credits e	arned as of application	n date:				
Grade point average	e last semester (4.0 scal	le)				
	oint average (4.0 scale)					
Please remember t	o attach a copy of tra	nnscripts. Your app	olication wil	l not be look	ed at without it.	
DI II.		CHOLARSHIPS &		1 19 %	1	
-	scholarship or merit av ociety memberships).	wards and other nor	iors received	i wille attend	ling school.	
Name of Scholarshi	p				Amount	
Name of Scholarshi	p				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):

griculture I	Related (List organization involv	ment or activities):
her (Natio	nal or State, Scouting, Service C	ubs, Church, etc.):
	VI. EMPL	YMENT EXPERIENCES
nployment	during the past four (4) years:	
Year	Employer	Position/Responsibilities

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