

# SOUTH TEXAS FARM AND RANCH SHOW 2017 OPPORTUNITY SCHOLARSHIPS

**\$1000 – STFRS Scholarship**  
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## **REQUIREMENTS:**

- 1. Top 1/2 of class based on mid senior year supported by certification of ranking and transcript.**
- 2. Residence – Victoria and adjoining counties.**
- 3. College Majors/Technical School – must be in or support the agricultural industry.**
- 4. Must be full time student (min. of 12 hours) in the fall.**
- 5. Narrative about yourself and your agricultural experiences along with current and future goals (max of 2 pages).**
- 6. Application must be completed in full and have all required signatures.**
- 7. Staple all documents securely together.**

**Due Date:** April 7, 2017 at 5p.m. at the Victoria County Extension Office,  
528 Waco Circle, Victoria, TX 77904.

**All Scholarship winners must furnish a photo before Scholarship is paid.  
Scholarships are paid to Registrar of selected University/Technical School.**

## **FAMILY INFORMATION:**

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S.# \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Parents' Occupations: \_\_\_\_\_  
(Father/Guardian) (Mother/Guardian)

Number of Brothers and Sisters \_\_\_\_\_ List their ages \_\_\_\_\_

Will you have any brothers or sisters attending college at the same time as you? \_\_\_\_\_

**ACADEMIC INFORMATION:**

Name of High School from which you will graduate: \_\_\_\_\_

Date of anticipated High School Graduation: \_\_\_\_\_

Number in graduating class \_\_\_\_\_ Your Rank in class \_\_\_\_\_

Overall Grade Point average \_\_\_\_\_ Number of Honors courses \_\_\_\_\_

Name of College/Universities/Technical School applied to: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

Your SAT or ACT score: \_\_\_\_\_ Date taken: \_\_\_\_\_

What is your planned major in college: \_\_\_\_\_

Proposed Career planned: \_\_\_\_\_

4-H or FFA Participation? YES \_\_\_\_\_ No \_\_\_\_\_

List any specific reasons why you need financial assistance for college expenses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list any scholarship you have been approved for:**

Name of Scholarship	Amount
_____	_____
_____	_____
_____	_____

## Signature Page

Application must have all signatures to be considered

\_\_\_\_\_  
(Applicant)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Principal)

Date: \_\_\_\_\_