

# SOUTH TEXAS FARM AND RANCH SHOW 2019 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:** March 15, 2019 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:**

<b>Name of Scholarship</b>	<b>Amount</b>
_____	_____
_____	_____
_____	_____

## Signature Page

Application must have all signatures to be considered

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

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

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

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

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

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