

California Women for Agriculture
LAKE COUNTY CHAPTER
PO Box 279
Finley, CA 95435

SCHOLARSHIP APPLICATION

NAME _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PHONE # _____ NUMBER OF YEARS IN LAKE COUNTY _____

CURRENT EDUCATIONAL INSTITUTION _____ G.P.A. _____

This space may be used for a statement of educational and career goals and how they relate to agriculture (or may be attached separately). Please include an additional paragraph telling us a little more about yourself. You may wish to address topics such as financial need, extracurricular activities, if you are the first generation in your immediate family to attend college, and any challenges you have had to overcome.

I certify that all the information on this form to be true and complete to the best of my knowledge.

Applicant Signature _____ Date _____