

# NEBRASKA SORGHUM PRODUCERS ASSOCIATION

## ANNUAL SCHOLARSHIP

**APPLICATION DEADLINE: April 1**

Nebraska Sorghum Producers annually awards a \$500 scholarship to a graduating high school senior or a student currently enrolled in post high school education. To qualify, the student must plan to pursue a course of study, which will prepare him or her for a career in agriculture or an ag-related field. The scholarship is limited to one per recipient.

The screening and selection of the scholarship recipient will be done by a special Scholarship Committee appointed by the Nebraska Sorghum Producers Association. The committee will select one winner and one alternate winner. The winner will be selected and notified by May 1st of each year, in time for spring commencement ceremonies, if appropriate. The proceeds of the scholarship will be applied to the winning candidate's tuition or other educational expenses.

### ELIGIBILITY REQUIREMENTS

1. Applicant's parent or guardian must be a member of the Nebraska Sorghum Producers Association;
2. Applicant must be currently enrolled in post high school education or enrolled for the fall semester after graduating from high school;
3. Applicant must show production agriculture or a related area as his or her intended career;
4. The scholarship recipient may be invited to attend Nebraska Sorghum Producers Association's annual conference for introduction to the members of the Association.

### APPLICATION PROCEDURE

**This application form must be typed or clearly printed in ink. All responses must fit within the space allotted; additional pages will not be considered by the Selection Committee.**

Application Deadline: **\*\*April 1st of Each Year (\*\*Must be postmarked by April 1st )**

Applicant's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address (if different from that of Parent or Guardian)

\_\_\_\_\_  
Street or Route City State Zip Code

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or Route City State Zip Code

Phone: \_\_\_\_\_ County: \_\_\_\_\_

Parent/Guardian is a member of NeSPA? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", Please complete the Membership Application on Page 4

If "Yes", Membership I.D. Number: \_\_\_\_\_

Average Number of Acres of Grain Sorghum Grown: \_\_\_\_\_

High School: \_\_\_\_\_

Name

City

Local Newspaper: \_\_\_\_\_

Address

City

State

Zip Code

Have you previously applied for a NeSPA Scholarship? \_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant is currently:

\_\_\_\_\_ (a) A high school senior, enrolled for fall classes after graduation at:

\_\_\_\_\_

*(Name of Institution)*

\_\_\_\_\_ (b) Enrolled in post high school education at:

\_\_\_\_\_

*(Name of Institution)*

**List the school and community activities and/or organizations in which you have participated within the last four years. Designate any offices or leadership roles you have held and contributions you have made to these activities.** \_\_\_\_\_

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

**Describe briefly your career plans in production agriculture or an ag-related field.**

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

**In what ways have you shown involvement and interest in agriculture?** \_\_\_\_\_

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

Why have you chosen to pursue a career in agriculture? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will your proposed post high school education plans prepare you for a career in agriculture? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to finance the education for your intended career? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

**FOR HIGH SCHOOL STUDENTS**

This section is to be completed by the high school superintendent, principal or counselor.

Applicant's Grade Average for High School Years \_\_\_\_\_ Applicant's Numerical Rank \_\_\_\_\_ Number of Pupils in Graduating Class \_\_\_\_\_

**Attach a copy of applicant's grade transcript.**

Signature of Official: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR APPLICANTS CURRENTLY ENROLLED IN POST HIGH SCHOOL EDUCATION**

**Attach a copy of applicant's grade transcript.**

**FOR ALL APPLICANTS**

**Important: All applicants shall request a letter of recommendation from their counselor or advisor which shall be forwarded directly to the Scholarship Selection Committee at the address below.**

Return To: Nebraska Sorghum Producers Association  
245 Fallbrook BLVD, Suite 205  
Lincoln, Nebraska 68521  
Phone: 402/471-3552

**How did you learn of the Nebraska Sorghum Producers Association Scholarship?**

---

**NEBRASKA SORGHUM PRODUCERS ASSOCIATION  
MEMBERSHIP APPLICATION**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street or Route City State Zip Code

Date of Application \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Please remit \$100 for a one-year membership or \$280 for a three-year membership, along with this completed application form, to:

NeSPA, 245 Fallbrook BLVD, Suite 205, Lincoln, NE 68521

**APPLICANT'S CHECKLIST**

- \_\_\_\_\_ Ensure all **responses fit** within space allotted;
- \_\_\_\_\_ Include a copy of your **transcripts**;
- \_\_\_\_\_ Include a **letter of recommendation** from a counselor or advisor;
- \_\_\_\_\_ Obtain necessary **signatures**;
- \_\_\_\_\_ Check your **membership** status: submit membership form with your **check**, if applicable; \_\_\_\_\_ **Submit** your application by March 1st .