

CRITERIA FOR QUALIFICATION FOR OLIVER HAGG MEMORIAL SCHOLARSHIP

Applicant must be a current Saline County student.

Applicant must be a spring graduating senior entering college or vocational school in the fall.

Applicant must be majoring in the Agricultural field.

Three letters of recommendation must accompany the scholarship application.

(suggestions for letter:

school counselor or teacher, civic leader, 4-H club leader/project leader)

Applicant must have at least a 3.0 grade point average.

Scholarship can be renewed.

Scholarship money will be sent directly to school of choice.

Applicant must complete Oliver Hagg Memorial Scholarship application.

Scholarship application due in Saline County Livestock and Expo Center Office, 900 Greeley, Salina, KS 67401 by March 7, 2016.

\$1,000 OLIVER HAGG MEMORIAL SCHOLARSHIP APPLICATION
Administered by Saline County, Kansas

INSTRUCTIONS:

Each application consists of this form plus the following: (ALL ITEMS MUST BE ATTACHED TO APPLICATION)

1. Transcript of high school grades. If home schooled, indicate such and provide appropriate documentation
2. One letter of recommendation from school personnel.
3. One letter of recommendation from civic leader or minister.
4. One additional letter of recommendation.
5. One page summarizing your leadership, listing any awards and honors you have received, your extra-curricular activities including school, church and community.
6. One page stating your interest in the field of Agriculture and what you plan to do after completing college or vocational school and why you should be considered for this \$1,000 scholarship, including financial need.

Staple this form and the required attachments in the upper left-hand corner; return your completed application and attachments to Saline County Livestock & Expo Center, 900 Greeley, Salina, KS 67401. Complete all blanks on this form as requested or use "NA"

Scholarship deadline: March 7, 2016

DATE: _____

NAME: _____
 First Middle Last

HOME ADDRESS _____
 Street, Box or Route City/State/Zip

HOME TELEPHONE _____

PARENT'S OR GUARDIAN'S NAMES: _____

ADDRESS: _____

DATE OF HIGH SCHOOL GRADUATION: _____

Name of high school NOW attending or just completed: _____

Name of College or Vocational School you plan to attend this fall: _____

Intended College Major _____

High School GPA _____ out of _____ points. ACT/SAT Composite Score _____

Career Goal: _____

I have personally prepared this application and believe it to be correct.

Signature of Applicant _____ Date: _____

Received in Expo Center Office _____