

JENSEN MEMORIAL SCHOLARSHIP APPLICATION

Date: _____ Name: _____

Permanent Address

Street: _____

City: _____ State: _____ Zip: _____

Campus/Mailing Address

Street: _____

City: _____ State: _____ Zip: _____

Email address: _____

Home phone: _____ Cell: _____

Current Status

College/University: _____

City: _____ State: _____ Zip: _____

Entering transfer student? Yes _____ No _____

If yes, transferring from: _____

Are you currently a full-time student in a 4-year university? Yes _____ No _____

If yes, are you a: Sophomore _____ Junior _____ Senior _____

Semester hours attained by end of year: _____

Major: _____ G.P.A. _____

Anticipated Degree: _____ Graduation Date: _____

Previously Attended Colleges: _____

Percentage of college expenses you are responsible for: _____

SCHOLARSHIP APPLICATION

Do you have any family members on the FEAE board or selection committee?

Yes _____ No _____

If yes, please provide names: _____

Have you received any other scholarships?

Yes _____ No _____

If yes, please list the total amount received and scholarships below:

\$ _____ from: _____

Please list any other post-high school courses, training seminars, etc., that you have taken and/or participated in that contribute to your knowledge of the field of crop production/ protection. Include grades or evaluative assessment of your participation. Attach additional pages as needed.

Please list awards and honors you have received in high school and college.

Please list offices and/or positions of responsibility you have held in crop production/ protection related organizations and describe what you have learned from the experience (include committees and chairs you have held).
