

Rockville Bank Community Foundation, Inc.

Agricultural Award Application

(Return to your school Guidance Office)

Last Name

First Name

Middle Initial

Street/Mailing Address

City

State

Zip Code

Student Phone

High School Attending

School Phone

Name of Your Guidance Counselor/Advisor: _____

Are you employed part-time? ☐ No ☐ Yes How many hours per week? _____

Name of your employer: _____

Family Information:

Best Student Email: _____

Father's Name: _____ Phone: _____

Address: _____ Email: _____

Mother's Name: _____ Phone: _____

Address: _____ Email: _____

Number of Children attending college next year: _____

Provide two Letters of Recommendation: One from an advisor or teacher who is familiar with your character and demonstrated commitment to setting and pursuing personal goals, and a second from an individual of your choice. List the two selected:

Name: _____ Title/Relationship: _____

Name: _____ Title/Relationship: _____

Complete and attach a 300-word essay stating why you plan on furthering your education, what benefits you hope to gain from doing so, and what you hope to do when your schooling is complete.

Name of College/Trade school student will attend: _____

Recipient's College/Trade School Student ID Number: _____

Note: Scholarship funds are sent directly to the college or trade school.