

DON ARON SCHOLARSHIP FUND

APPLICATION

Name of Applicant: _____

Mailing Address: _____

City, State, Zip Code: _____

Daytime Telephone: _____ E-mail Address: _____

District Employee: _____ Family Member: _____ (check one)

Relationship (if family member): _____

Name of Conservation District: _____

District Mailing Address: _____

City, State, Zip Code: _____

District Telephone: _____

College or University: _____

College Major: _____

List Positions of Leadership and/or Participation in (4-H, FFA, Student and/or Professional Organizations, etc.): _____

Amount Requested: _____ (not to exceed \$1,000)

Signature of Applicant: _____ **Date:** _____

Please attach the following and submit by March 15:

- A brief course description and explanation of how it will benefit you professionally and/or personally (1 page only)
- Information substantiating enrollment at an accredited college or university
- The most recent high school or college/university transcript
- Statement of financial need and other scholarships awarded
- Letters of recommendation