



AGRICULTURE SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

TELEPHONE: HOME: _____ CELL: _____

HIGH SCHOOL: _____ GPA: _____

FATHER'S NAME: _____

FATHER'S OCCUPATION: _____

MOTHER'S NAME: _____

MOTHER'S OCCUPATION: _____

RESUME: PLEASE ATTACH A RESUME TO THIS APPLICATION

APPLICATIONS SHOULD BE SENT TO:

SKIP VIERRA
CENTRAL COUNTIES DHIA
241 BUSINESS PARK WAY
ATWATER, CA. 95301
PHONE: (209) 356-0355
FAX: (209) 356-0103
skipvierra@centralcountiesdhia.com

APPLICATIONS ARE DUE ON OR BEFORE February 1, 2016



EDUCATION: PLEASE LIST HIGH SCHOOLS ATTENDED AND DATES OF ATTENDANCE.

EDUCATIONAL GOALS: PLEASE EXPLAIN YOUR EDUCATIONAL PLANS AND GOALS: INCLUDE COLLEGES YOU PLAN TO ATTEND AND DEGREE(S) YOU WISH TO OBTAIN.

CAREER GOALS: PLEASE IDENTIFY THE LONG-TERM CAREER GOAL FOR WHICH YOU'RE PREPARING.



ACTIVITIES: LIST ANY SPECIAL ACTIVITIES THAT YOU'VE PARTICIPATED IN; INCLUDING CLUBS, SOCIETIES, CHURCH ,ATHLETICS, GOVERNMENT OR CAMPUS ORGANIZATIONS. (PLEASE INCLUDE ANY OFFICES HELD, ETC.)

HIGH SCHOOL:

COMMUNITY:

HONORS: PLEASE LIST ANY ACADEMIC, CITIZENSHIP OR OTHER HONORS YOU'VE RECEIVED IN HIGH SCHOOL.

REFERENCES: PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE REFERENCES AND THEIR RELATIONSHIP

NAME: ADDRESS: PHONE: RELATIONSHIP:
