

Colorado State Grange Leadership and Scholarship Foundation

SCHOLARSHIP APPLICATION

2011-
2012

You must either type or print all your answers neatly in ink. Application response may be sent via email to **Pat_Quick@comcast.net** or mailed to **CSG, Scholarship; 7275 S Lima Street, Centennial, CO 80112**. Scholarship application, transcripts and letters of recommendation must be postmarked by **4/15/2011** to the above address.

1. Name _____, _____ M.I.
Last First

Permanent mailing address

Number and street

City State Zip E-mail
Phone _____ Birth date _____
Month Day Year

2. Grange Qualification _____
Name of Grange You or Relative Attends

If you're not a Grange member, name Parent or Grandparent who is a Grange member relationship

Area Code Telephone Number

3. What year did/will you receive a high school diploma or GED?.....

High School
or GED

High School Name or GED County City State

3. High school students only

High School GPA

4. College GPA through January 2011: Undergraduate GPA..... Graduate GPA _____

College or
Univ. attended

Name of College or University Dates Attended Degree Earned ☐ Transcript Sent

5. Applicant must register at a college, university, vocation or trade school located in Colorado.

School choice
For 2011-12

School Name

City Colorado State

Major Field of Study _____

Next Degree
after 9/1/11 _____

Next expected college
graduation date after 9/1/11 _____

Year Month

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6. Are you currently working 20 hours or more per week? Yes/No [Y/N]..... _____

Do you plan on working 20 hours or more per week during the 2009-2010 school year? Yes/No [Y/N] _____

8. Letters of Recommendation: Please provide one letter from a school official, one letter from a Grange member (preferably an officer) of the Grange to which you, your parents, or your grandparents belong. The third letter can be from whomever you choose.

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. **If chosen for scholarship award, I agree to provide proof of GPA to the committee at each semester/quarter break in order for the committee to determine future eligibility.** I further agree if chosen to submit a written paragraph to be published on the value of the scholarship award in my academic pursuits.

Signature _____

Date _____

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SCHOLARSHIP APPLICATION (Letter of Recommendation 3 Required)

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Applicant's Name _____