

**Kentucky Women in Agriculture, Inc.
Scholarship Application**

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

College or University Attending: _____

College or University Address: _____

College or University Phone Number: _____

Major: _____ Minor: _____

Year: (Please circle one) Junior Senior Graduate Student

GPA: _____ Enrolled full time for 2010-11 academic year: ___ Yes ___ No

Describe your career goals for working in agriculture and how this scholarship will support you in your academic pursuits. (500 words or less) (Attached: ___ Yes ___ No)

Names of references that will be providing letters:

(1) _____ (2) _____

I verify this information is true to the best of my knowledge.

Signature _____ Date _____

Send completed Application to: Kentucky Women In Agriculture
Scholarship
P.O. Box 4409
Lexington, KY 40544-4409

Applications are due to the above address on May 20, 2011