THE ALLIANCE AGRICULTURAL SCHOLARSHIP
ALCORN COUNTY - CORINTH SCHOOL DISTRICTS
2016

Date _____

1. Name _____
   (Last) (First) (M)

2. Present address and phone number:
   Address _____
   _____
   Phone _____

3. Name of High School _____

4. Date of Birth _____

5. Place of Birth _____

6. Name and address of parents or guardians:
   Name _____ Name _____
   Address _____
   Phone _____

7. Occupation of parents or guardians _____

8. Do you hold other scholarships at the present time? Yes No (Circle)

9. What percentage of your college funds will come from your parents/guardians _____%
   from summer or part-time work _____%

10. List positions of leadership that you have held or now hold. (Student organizations, 4-H, FFA/FHA, etc.- feel free to attach additional sheets if needed)

11. Attach a one-page letter outlining your background, attitudes toward agriculture, plans & objectives of your educational program and financial need.

12. Attach three letters of reference which can attest to your character.

13. Attach transcripts of your last two completed semesters of school work.

14. Attach copy of your completed college application or acceptance letter.

15. Return two copies of the completed application by **4:00 pm, April 29, 2016** to:
    The Alliance, Ag Scholarships, 810 Tate Street, Corinth, MS 38834

16. Signature of Applicant _____