



## AGRICULTURE SCHOLARSHIP APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: CELL : \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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 January 15, 2018**



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

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

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

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**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:**

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**COMMUNITY:**

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

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

NAME:                                      ADDRESS:                                      PHONE:                                      RELATIONSHIP:

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