

## 2023 SCHOLARSHIP AND INTERNSHIP **ASSISTANCE APPLICATION**

## COMPLETED APPLICATIONS MUST BE RETURNED TO THE CGFA FOUNDATION OFFICE BY: MARCH 24, 2023

Eligibility: Full-time students at any 4-year college or university offering agriculture curriculum who are in at least  $their second year, as well as graduate students, are eligible to apply for this scholarship. \\ \text{``Full-time student''} is as$ defined by the college or university of the applicant. Children or other relatives of CGFA Foundation Board members or others serving on a selection committee for this scholarship are not eligible to apply. In the event you receive a scholarship under this program, funds will be sent directly to the financial aid office at the college/university for fall semester or quarter of 2023.

Instructions: The application must be typewritten, utilizing fillable .pdf (if possible) and saved, completed in full including signature. Question #41 requires a personal letter of 200-300 words stating your reasons for applying for the scholarship including your future career plans and qualifications. The letter may be filled out within the application or a separate page may accompany the application. A letter of recommendation and a copy of official transcripts both need to be submitted directly to the CGFA Foundation. (See checklist).

Criteria: Awards are based on several factors including but not limited to the following: your interest and commitment to a grain and feed related career, scholastic achievement, and the overall content of the application (spelling and grammar will be elements taken into consideration).

**Disclaimer:** Incomplete or late applications may disqualify the applicant from scholarship consideration. Completed applications must be submitted online, emailed or mailed to the CGFA Foundation Office no later than March 24, 2023:

## CGFA Foundation

1521 | Street, Sacramento, CA 95814

Phone: (916) 441-2272 Email: donna@agamsi.com

Non-Discrimination: The CGFA Foundation will not discriminate against any scholarship applicant or recipient on the basis of race, color, religion, religious creed (including religious dress and religious grooming), sex (including pregnancy, perceived pregnancy, childbirth, breastfeeding, or related medical conditions), sexual orientation, gender, gender identity, gender  $expression, transgender\ status, sex\ stereotype, national\ origin, ancestry, citizenship, age, physical\ or\ mental\ disability, legally$ protected medical condition or information (including genetic information), military status, veteran status, marital status, domestic partner status, enrollment in a public assistance program, or any other basis protected by local, state, or federal laws or regulations.

Download Application
Checklist

Name	
First	Last
Student ID	

## Class Status Sophomore $Indicate the 4-year college/university\ where\ you\ expect\ to\ use\ this\ scholarship\ if\ awarded.$ Name of Institution Street Address (while at college) Street Address Address Line 2 City State ZIP Code Institution Phone Number Institution Email Permanent Home Address: Street Address Address Line 2 City State ZIP Code Phone Email Major Field of Study (if decided) Minor Field of Study (if decided) Number of Semesters Completed in Major Grade Point Average (GPA) Select the program(s) you are applying for $\hfill\Box$ Please check here if you are applying for the School Expenses Scholarship. $\ \square$ Please check here if you are applying for the Internship Program Assistance. (skip the next 2 questions if only applying for Internship Program Assistance)

 $\hfill \square$  Please check here if you are applying for both and answer all questions.

Intended occupation after completion of educa	ation	
Please highlight how the occupation will be related	to agriculture and/or specifically the grain and feed in	dustry.
Previous experience related to agriculture and	d/or grain and feed products and services.	
Answer these next eight questions if applying fo	r Internshin Assistance	
Provide Name of Company and Contact Informa		
	Elonioi internsinp Location.	
Name		
C		
Company		
Email		
Phone		
Do you have current or future internship expe	rience?	
○ Yes ○ No		
If you answered yes, was it paid or not paid?		
O Paid		
○ Not Paid		
Describe your previous internship experience	and/or responsibilities if applicable.	
How do you see your internship experience ap	plicable to your future career goals?	
The following questions are for all applicants.		
Name(s) and location of high school(s) attended	1.	
Name	From (date)	To (date)
		•
Name(s) and location of college(s) or junior coll	ege(s) attended.	
Name	From (date)	To (date)
		(to (date)
		<u> </u>
List any honors or awards received.		

Personal Letter: In 200-300 words please explain how your interest in agriculture developed and where this interest might take you in the future. Include reasons for applying for the scholarship and/or internship assistance, qualifications, career goals and any leadership experience you may have. Please support your stated interests with some specific actions you have in mind to help you achieve your goal to be a part of the agriculture industry. (Personal letter may be filled out here in .pdf block or you may attach additional sheet if more room is needed keeping between 200 and 300 words)
0 of 2000 max characters  Have you received a CGFA Foundation Scholarship(s) during your college career?  O Yes
○ Yes
If yes, when and amount.
Please List any contact(s) in agriculture industries as references or allied industries in agriculture. (up to 3)
Name Company/Business Phone Email Nature of Business
$\hspace{1cm} \hspace{1cm} \hspace{1cm}\hspace$
As a continuing student, if I receive this scholarship, I agree to satisfactorily complete a minimum of three (3) semesters or five (5) quarter credits in a
course or courses which has/have agriculture as a major emphasis and/or complete an agricultural industry internship. Proof of enrollment will be
required.  O Yes
○ No
Agreement
☐ I hereby certify that the statements I have made are true and correct to the best of my knowledge.
$\square$ A letter of recommendation has been submitted on my behalf.
☐ A copy of my transcripts have been requested to be mailed to: CGFA Foundation 1521   Street, Sacramento, CA 95814
Student's Signature (Required)
φ
Date mm/dd/yyyy  Submit



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