



Farm-City Week College Scholarship Nomination Form

Applicants must meet the following criteria:

1. For Students enrolling in an Agricultural Curriculum at a university, community college, or other post-secondary institution
2. Permanent resident of Harnett County
3. Current high school senior making satisfactory progress toward a Diploma, **OR**
4. A current high school senior in a Dual Enrollment program with a Community College
5. Minimum GPA of 2.5
 - Please complete this form and return to the N.C. Cooperative Extension Service, Harnett County, 126 Alexander Drive, Suite 300, Lillington, NC 27546.
Phone: (910) 893-7530
 - Attach a copy of your academic record to date, (i.e. transcripts or grade reports)

APPLICATION MUST BE IN EXTENSION OFFICE BY 5:00 PM ON Monday, November 6, 2023

Recipients will be notified by phone and/or email Monday, November 13, 2023

Recipient prize package includes a banquet ticket for winner + 2 family members

Name _____
(Last) (First) (Middle)

Gender: ☐ Male ☐ Female (Please circle) Single Married Date of Birth _____

Home Address: _____

City/State/Zip: _____

County _____ Telephone #: _____

List other members of family and their occupation or schools: _____

High School last attended: _____
(Name) (Complete Address)

Date of attendance and graduation: _____

What college or university are you attending? _____

Major? _____

On what date would you expect to graduate? _____

Your college training will prepare you for what profession or vocation? _____

List name and amount of other scholarships applied for: _____

Give name and amount of other scholarships already granted and the date of their depletion:

Extra Curricular Activities (give the following information)

1. School organization and office held: _____

2. Community Activities: _____

3. Church affiliation and activities: _____

4. Athletics: _____

5. Special interest and hobbies: _____

6. References: (Please include complete address)

A. _____
(Name) (Address) (City) (Phone)

B. _____
(Name) (Address) (City) (Phone)

C. _____
(Name) (Address) (City) (Phone)

Student's Statement: Please use the following space to make a statement in support of your nomination for a scholarship.

Date of Application

(Signature of Applicant)