

Adams Farms, Inc.  
Pioneer Hybrid Agricultural Scholarship  
SCHOLARSHIP PROGRAM APPLICATION FORM

**Deadline:** This application form and all other required documentation must be received by:  
**April 15th (5:00 pm central time).**

Mail to: Kelby Adams  
Ave.

1227 260th  
Belpre, Kansas 67519

Questions? Call (620) 339-1118 (8 am - 5 pm weekdays) or email: [kelby.adams@plantpioneer.com](mailto:kelby.adams@plantpioneer.com)

Scholarship Amount: \$500 The Pioneer Hybrid Agricultural Scholarship is restricted to graduates of Macksville High School and St. John High School.

**Required fields are indicated by an asterisk (\*).**

**\*Applicant's Name:**

\_\_\_\_\_  
\*First Name

\_\_\_\_\_  
Middle Name(s)

\_\_\_\_\_  
\*Last Name

Parents' or

Guardians' Names

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Home Address:**

\_\_\_\_\_  
\*Address

\_\_\_\_\_  
\*City

\_\_\_\_\_  
\*State

\_\_\_\_\_  
\*Zip

Parent/Guardian

Address - if different:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**\*Primary phone:**

\_\_\_\_\_

**Secondary phone:**

\_\_\_\_\_

Extension:

\_\_\_\_\_

**E-mail:**

\_\_\_\_\_

**\*Date of Birth:**

\_\_\_\_\_ (MM/DD/YYYY)

**\*School you currently attend:**

\*Name:

\_\_\_\_\_

\*City:

\_\_\_\_\_

\*State:

\_\_\_\_\_

\*Zip:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Principal:

\_\_\_\_\_

**\*Cumulative GPA**

\_\_\_\_\_

**\*Required for HS Students only - college admission composite test score(s).**

Attach photocopies of all score reports.

ACT: \_\_\_\_\_

SAT: \_\_\_\_\_

OTHER: \_\_\_\_\_

**\*List your high school and community activities:**

**\*What degree(s) are you pursuing?** \_\_\_\_\_

**\*What profession or field of employment do you wish to enter with your college degree?**  
\_\_\_\_\_

**\*If you plan to enter into an agriculture field after college, what field area do you plan to pursue?**  
\_\_\_\_\_

**\*Anticipated year of college graduation:** \_\_\_\_\_

**\*Please attach at least 2 character reference letters from the following list:**

School Counselor  
Minister/Youth Leader  
Current/Previous Employer

Personal (not family member)  
Instructor/Teacher

**\*Certification Statement:** *By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_