

NEW MEXICO FARM and LIVESTOCK BUREAU

# MEMORIAL SCHOLARSHIP FUND

## Scholarship Application

For the Year 20\_\_\_\_-20\_\_\_\_



P.O. Box 20004  
Las Cruces, NM 88004  
(505) 532-4710 – FAX

## RULES

1. The scholarship is available to a member of a New Mexico Farm and Livestock Bureau family for one year of continuing education at an institution of their choice.
2. Farm Bureau Scholarships are limited to one per recipient.
3. A transcript of High School record to date, college transcript, if already attending, and two letters of recommendation must accompany this application.
4. Attach a copy of current Farm Bureau membership card.
5. Successful candidates must have at least a 2.5 scholastic grade point average based on a 4.0 scale.
6. A recent photograph will be used for publicity purposes only.
7. Return this application to your state Farm Bureau office for verification of membership, verification of GPA, and transcript, verification of letters of recommendation and completion of this section below. Application must be type written or in legible print in ink.
8. Extra pages may be added if necessary
9. No one will be disqualified because of sex, race, color, creed or religious beliefs.
10. Application must be received by May 1 at the office of the New Mexico Farm and Livestock Bureau, PO Box 20004, Las Cruces, NM 88004.



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FOR OFFICE USE ONLY:

Membership Number: \_\_\_\_\_

County: \_\_\_\_\_

G.P.A.: \_\_\_\_\_

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

Received by: \_\_\_\_\_

NEW MEXICO FARM AND LIVESTOCK BUREAU  
MEMORIAL SCHOLARSHIP APPLICATION

1. Name in Full \_\_\_\_\_  
FIRST MIDDLE LAST

2. Home Address \_\_\_\_\_  
Street, Route and Box Number City

\_\_\_\_\_ County State Zip How Long? Telephone

3. Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Social Sec. No. \_\_\_\_\_  
MM/DD/YY City and State

4. Name of Parents \_\_\_\_\_  
Mother and Father

5. Address of Parents, if different from applicant \_\_\_\_\_  
Street, Route and Box Number

\_\_\_\_\_ County State Zip How Long? Telephone

6. If married, give full name of spouse: \_\_\_\_\_

7. How long have you or your family been members of Farm Bureau? \_\_\_\_\_

8. High Schools & Colleges attended, with dates of attendance & Graduation  
(include present school)

\_\_\_\_\_

9. What awards or honors did you receive in high school? \_\_\_\_\_

\_\_\_\_\_

10. What school offices and special activities did you participate in? \_\_\_\_\_

\_\_\_\_\_

11. What civic activities did you participate in? \_\_\_\_\_

\_\_\_\_\_

12. How did you find out about this scholarship? \_\_\_\_\_

13. Where do you plan to continue your education? \_\_\_\_\_

14. When? \_\_\_\_\_ Major Course of Study: \_\_\_\_\_

\_\_\_\_\_

15. For what occupation are you preparing? \_\_\_\_\_

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How will your occupation benefit society? \_\_\_\_\_

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16. Have you been or are you now the beneficiary of another scholarship or award?

If so, give name and amounts \_\_\_\_\_

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17. Other members of immediate family living at home:

Relationship to Parent/Guardian

Age if under 21

Degree of Dependency (Entirely, 1/2, etc.)

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18. Explain how you could promote or be of assistance to the agricultural industry, regardless of what major or career you choose to pursue (Attach additional sheets if necessary.)

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Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_