

# JENSEN MEMORIAL SCHOLARSHIP APPLICATION

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

**Permanent Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Campus/Mailing Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Current Status**

College/University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Entering transfer student? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, transferring from: \_\_\_\_\_

Are you currently a full-time student in a 4-year university? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you a: Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Semester hours attained by end of year: \_\_\_\_\_

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

Anticipated Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Previously Attended Colleges: \_\_\_\_\_  
\_\_\_\_\_

Percentage of college expenses you are responsible for: \_\_\_\_\_

SCHOLARSHIP APPLICATION

Do you have any family members on the FEAE board or selection committee?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received any other scholarships?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the total amount received and scholarships below:

\$ \_\_\_\_\_ from: \_\_\_\_\_

\_\_\_\_\_

Please list any other post-high school courses, training seminars, etc., that you have taken and/or participated in that contribute to your knowledge of the field of crop production/ protection. Include grades or evaluative assessment of your participation. Attach additional pages as needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list awards and honors you have received in high school and college.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list offices and/or positions of responsibility you have held in crop production/ protection related organizations and describe what you have learned from the experience (include committees and chairs you have held).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCHOLARSHIP APPLICATION

Please list any community service in which you have participated:

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Please list prior work experience (including volunteer work), whether related to crop production/protection or not. Begin with most current:

<i><b>Employer</b></i>	<i><b>Job Title &amp; Duties</b></i>	<i><b>Dates</b></i>
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Please list your career goals:

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**Mail to:  
NAICC  
Foundation for Environmental Agriculture Education  
349 East Nolley Drive  
Collierville, TN 38017  
Phone: (901) 861-0511  
Fax: (901) 861-0512  
[www.naicc.org](http://www.naicc.org)**