

AgriLabs/Dennis Feary Memorial Scholarship Fund

The AgriLabs/Dennis Feary Scholarship Fund was established in 1997 in honor of the late Dennis Feary, former president of Agri Laboratories, Ltd.

The annual scholarship awards commemorate Mr. Feary's dedication to education, agriculture and the people that helped build the company he led.

PURPOSE: The **AgriLabs/Dennis Feary Memorial Scholarship** was endowed to provide funding for eligible students enrolled in or entering college. Scholarships are available to students in pursuit of a two or four year college degree in any field of study.

CRITERIA: Scholarships are available to employees and immediate family members of AgriLabs and its shareholders. A GPA of 2.5 and above must be maintained with a minimum of 12 credit hours per semester.

GUIDELINES: Scholarships are awarded on an annual basis and disbursed at each semester. Recipients must provide an official transcript at the end of each semester certifying the hours of credit taken and the GPA maintained in order for the second semester payments to be released.

AMOUNT: These annual, non-renewable, scholarships provide \$2000 per student, per academic year. Disbursements are made in the amount of \$1000 at the beginning of each semester.

JUDGING: Applications must be received each year by February 15th of the year preceding the upcoming Fall semester. The scholarship fund is handled entirely by **The Greater Kansas City Community Foundation**. The Foundation is solely responsible for qualifying, selecting and notifying applicants as to the award or denial of scholarships. Mail applications and transcripts to:

The Greater Kansas City Community Foundation

Attention: Scholarships
1055 Broadway, Suite 130
Kansas City, MO 64105

Telephone: 816/842-0944



AgriLabs/Dennis Feary Memorial Scholarship Fund Application

PERSONAL DATA

Name: _____
(Last) (Middle) (First)

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ Date of Birth: _____

Social Security Number: _____ Male _____ Female _____

Parent/Guardian

Name(s): _____

Address (if different from your own): _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Family affiliation with AgriLabs? _____

ACADEMIC DATA

Name of High School: _____ City: _____

Cumulative Grade Point Average: _____ Year of Graduation: _____
(Please attach transcript)

Name of College you will be attending: _____
(If you are enrolled in college, please attach current transcript)

Why do you want to attend this school? _____

What is your intended field of study? _____

What do you hope to do with your education? _____

School and Community Involvement

List any organizations in which you have been a member or jobs in which you have been employed. Organizations may include academic, athletic, civic, religious or social groups. Jobs may also include volunteer work or internships.

Activity	No. of Years	Positions or Offices Held

List any awards, honors or recognition received:

Which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you?

Financial Information

What percent of your college tuition are you or your family paying for? _____

Do you plan to work during the school year? _____

If there are special financial circumstances which will affect your education, please describe: _____

Other Qualifications

Describe experiences or attributes that uniquely qualify you to receive this award:

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.

(Signature of Applicant) (Date) (Signature of Parent or Guardian) (Date)

Return by February 15 to:
The Greater Kansas City Community Foundation
1055 Broadway, Suite 130
Kansas City, MO 64105
Attn: Scholarships

For more information see your local AgriLabs Member/Distributor or contact:



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