

AGRILABS/HERMAN HAENERT MEMORIAL SCHOLARSHIP FUND

- Purpose:*** The purpose of the fund is to provide scholarships to students enrolled in or entering college in pursuit of a two or four year college degree in any field.
- Criteria:*** In order to be eligible for the scholarship, the student must be an employee (or an immediate family member of an employee) of AgriLabs, or an employee of a member of AgriLabs (or in the immediate family of an employee of a member of AgriLabs) and must be enrolled in a college of agriculture in a two or four year institution. A GPA of 2.5 and above must be maintained with a minimum of 12 credit hours per semester. A current transcript must be included with application.
- Guidelines:*** Scholarships will be awarded on an annual basis and disbursed at semester. Recipients must provide an official transcript at the end of each semester certifying the hours of credit taken and the GPA maintained. The scholarship is not renewable.
- Amount:*** \$5,000 per academic year (\$2,500 per semester).
- Deadline:*** February 15 of each year. Please note the scholarship is handled entirely by the advisory committee at the Greater Kansas City Community Foundation. The Foundation will be responsible for notifying applicants as to their award or denial of the scholarship.

Please submit application and current transcript by February 15 to:

**Greater Kansas City Community Foundation
Attn: Scholarships
1055 Broadway, Suite 130
Kansas City, MO 64105**

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.

<u>Activity</u>	<u>No. of Years</u>	<u>Positions or Offices Held</u>

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 information

Please discuss anything that you believe makes you uniquely qualified to receive this scholarship? _____

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)

(Signature of Parent or Guardian)

(Date)

Return by February 15 to:

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