



Anne Arundel County Farm Bureau / Schramm Family Scholarships

The Scholarship Award

- Scholarships are available to students studying a curriculum related to agriculture. Eligibility will be determined by the Scholarship Committee of the AACFB and approved by the Board of Directors.
- The amount of the scholarship is \$3,500 for a full-time student or \$150 per credit hour for part time students, providing the AACFB is able to support the scholarship.
- Although scholarships are for one year, students are encouraged to apply for subsequent years.
- The scholarship will be paid directly to the educational institution.
- At the discretion of the committee, scholarships may be available for graduate degrees.

Eligibility requirements:

- The parent or student must be a full member of AACFB. Student memberships are not acceptable. Membership can be acquired through MDFB at www.mdfarmbureau.com.
- Must be a graduating high school senior or college student.
- Must plan to attend community college, four-year college, or a trade school.
- Must be registered in a curriculum related to agriculture.

Scholarship candidates must submit:

- Typed scholarship application.
- High school or college transcript.
- Two letters of recommendation - at least one from a teacher with knowledge of the student's academic background.
- A letter giving the reasons why you have selected your program of study and your future plans.
- A printout of the course requirements for the degree you have chosen or its web link.

Application deadline is May 1st of current calendar year.

For further information, please contact the AACFB Secretary at annearundelcountyfarmbureau@gmail.com.

Email completed application and supporting documents as a PDF file to: annearundelcountyfarmbureau@gmail.com



Anne Arundel County Farm Bureau / Schramm Family Scholarship
Application

Anne Arundel County Farm Bureau membership #: _____

Name: _____

Home Street Address: _____

City/State/Zip: _____

Phone: _____

Student Email: _____

Parent/Guardian: _____

Address/City/State/Zip: _____
(If different from above)

High School: _____ Graduation Date: _____

List any past years that you have received an AACFB scholarship:

Name of College: _____

Financial Aid Office Street Address: _____

City/State/Zip: _____ Phone: _____

Student ID Number: _____ Expect to graduate(SEM/YR): _____

Major: _____

Link to Course Requirements: (Or attach a printout of the course requirements for your degree.)

School Activities/Honors/Awards: (The following items can be listed on a separate page if needed.)

Community Activities:

Applicant's Signature: _____