



**DUPAGE COUNTY FARM BUREAU FOUNDATION
ARNOLD OESTMANN SCHOLARSHIP APPLICATION 2019**

SECTION 1

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 E-Mail Address: _____ DOB: _____
 Parent's Name/s: _____ Farm Bureau No. _____
 Address: _____ City: _____ Zip: _____

Educational Information

High School: _____ Phone No. _____
 Address: _____ City: _____ Zip: _____
 Graduation Date: _____
 College, University or Technical School you plan to attend: _____
 Anticipated Start Date: _____ Your planned Major Field of Study: _____
 Proposed occupation or profession: _____

Activities & Job Experience

School activities, clubs, athletics, etc. and any awards or offices held: _____

 Community activities, church, youth programs, etc., and any awards or offices held: _____

 Work experiences—Jobs with or without pay: _____

 Hobbies and special interests: _____



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SECTION 1 (continued)

Essay Question

Student's Name: _____

In the space provided, please summarize in approximately 200 words, why you have chosen your planned major and why you feel you should be selected to receive the Oestmann Scholarship. Following your essay, please list any other college scholarship awards you have received.

Handwriting practice area consisting of 20 horizontal lines for the student's response.



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SECTION 2

***To be completed by a teacher in the student's chosen field or
by a teacher who has had the student in class during the last twelve months.***

Student's Name: _____ **Major:** _____

**In your opinion, does this student have the work habits and ability to succeed
in higher education? Indicate why you feel this is so.**

Does this student have the potential to be an asset in his/her chosen field?

Dated: _____

Signed: _____

Title: _____

Please note: The completed scholarship application should be forwarded to:
*Executive Director
DuPage County Farm Bureau Foundation
245 S. Gary Avenue
Carol Stream, IL 60188*

Deadline: May 3, 2019



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SECTION 3

To be completed by the student's academic advisor

Please complete the following in full or the scholarship application will not be considered.

Student's Name: _____

Class Rank: _____ **Class Size:** _____

Cumulative GPA: _____

ACT Score: _____

In the space provided, please make any comments which you feel will provide information of value to the committee in considering the application.

**PLEASE ATTACH AN OFFICIAL COPY
OF THE APPLICANT'S ACADEMIC TRANSCRIPT.**

All information will be kept confidential

Dated: _____

Signed: _____

Title: _____

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