



DUPAGE COUNTY FARM BUREAU FOUNDATION ARNOLD OESTMANN SCHOLARSHIP APPLICATION



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SECTION 1

General Information

Last Name: _____ First Name: _____ Middle initial: _____

Address: _____ City: _____ Zip: _____

Main phone number: _____ Email: _____

DOB: _____ Are you a Farm Bureau member?: _____ Farm Bureau No: _____

Guardian name(s): _____ Relationship to you: _____

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: _____

Hobbies and special interests: _____

Work experiences—Jobs with or without pay: _____



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SECTION 2

Essay Question

Applicant's Name: _____

In approximately 200 words, **why have you chosen your planned major? Why do you feel you should be selected to receive the Oestmann Scholarship.** A typed essay attachment is welcomed.

A large rectangular area with horizontal lines for writing the essay response.

Deadline: April 1, 2024



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SECTION 3

Teacher Recommendation

Applicant's Name: _____

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. A letter of recommendation is welcomed.

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

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

Signature: _____ Title: _____ Date: _____

Send completed recommendation to:
Executive Director
DuPage County Farm Bureau Foundation
245 S. Gary Ave., Carol Stream, IL 60188

Deadline: April 1, 2024



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SECTION 4

Academic Advisor

To be completed by the student’s Academic Advisor. For the student to be considered, please complete the following in full. A letter of recommendation is welcomed.

Applicant’s Name: _____ Cumulative GPA: _____

Please share any insights or comments that you believe would offer valuable information to the committee during the consideration of the application. A letter of recommendation is welcomed.

Transcripts

PLEASE INCLUDE AN OFFICIAL COPY OF THE APPLICANT’S ACADEMIC TRANSCRIPTS.

- Transcripts must come directly from the school.
- Transcripts must be sealed.
- Transcripts can be emailed from the school to membership@dcbf.org.
- All information will be kept confidential.

Signature: _____ Title: _____ Date: _____

Send completed recommendation to:
Executive Director
DuPage County Farm Bureau Foundation
245 S. Gary Ave., Carol Stream, IL 60188

Deadline: April 1, 2024