

DUPAGE COUNTY FARM BUREAU FOUNDATION ARNOLD OESTMANN SCHOLARSHIP APPLICATION 2025



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 t	o you:			
Address:	City:	Zip:			
Educational Information	on				
High School:	Phone I	Phone No:			
Address:	City:	Zip:			
Graduation Date:					
College, University, or Technic	al School you plan to attend:				
Anticipated start date:	Your planned major field of s	study:			
Proposed occupation or profes	ssion:				
Activities & Job Exper	rience				
School activities, clubs, athletics, etc., and any awards or offices held:					
Community activities, church,	youth programs, etc., and any awards or offices he	eld:			
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Hobbies and special interests:					
Work experiences—Jobs with	or without pay:				



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SECTION 2

Essay Question	Applicant's Name:
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n approximately 200 words: Why have you chosen your planned major? Why do you feel you shou se selected to receive the Oestmann Scholarship? A typed essay attachment is welcomed.				

Deadline: April 1, 2025



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SECTION 3

Applicant's Name:

Teacher Recommendations

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.

n your opinion, does this s ducation? Indicate why y	student have the work habits and ability to ou feel they will succeed.	o succeed in higher
es this student have the	potential to be an asset in his/her chose	n field?



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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:	Cun	nulative 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	L COPY OF THE APPLICANT'S ACADE	EMIC TRANSCRIPTS.			
-Transcripts must come directly from -Transcripts must be sealedTranscripts can be emailed from -All information will be kept confidence.	the school to info@dcfb.org.				
Signature:	Title:	Date:			

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