



Farm. Family. Food.™

DUPAGE COUNTY FARM BUREAU FOUNDATION TRADE 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 to you: _____

Address: _____ City: _____ Zip: _____

Educational Information

High School: _____

High School address: _____

Anticipated graduation date: _____

Skilled trade you plan on going into: _____

Trade/Technical school you plan to attend: _____

Trade/Technical school address: _____

Anticipated start date: _____

