

**The Yuma County Ag Producers Scholarship
Application Form
Please Type or Print Neatly**

Applicant Full Legal Name	Dependent Students:		
Social Security Number or Student ID Number(s)	Father's full legal name		
Date of Birth	Address		
Address	City	State	Zip
	Occupation		
City	State	Zip	Employer
Day phone	Eve Phone	Home phone	Work Phone
Email address	Mother's full legal name		
High School Attended or Attending	Address		
Year Graduated or Graduating High School	City	State	Zip
College or University attending in 2010-2011	Home phone		
	Work Phone		
Starting <input type="checkbox"/> Fall or <input type="checkbox"/> Spring	Occupation		
Major:	Employer		
Class position	GPA	Weighted	Family yearly income
Counselor Signature	Date	Number of people in household	
<p>I declare that the above information is true and correct to the best of my knowledge. I permit the Scholarship Committee access to my institutional information to track progress and verify qualifications under the rules of this scholarship.</p>			
<p>_____</p> <p>Student signature Date</p>			
Special circumstances that affect family finances			

