

OCALA FARM MINISTRY
489 NW 110th Avenue Ocala, Florida 34482

Scholarship Application

For questions or additional information contact Vicki Donnan 352-208-8466

PART 1: GENERAL INFORMATION

COLLEGE YOU ARE ATTENDING: _____

Full Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: (H) _____ (W) _____ (Cell) _____

Date of Birth: _____ Gender: Male Female

Major: _____

PART 2: EDUCATION

Please list all of the schools you have attended, starting with high school.

School	City, State	Dates	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART 3: COLLEGE AND COMMUNITY INVOLVEMENT

Please describe your college or community involvement below, listing organizations, clubs, etc. in which you have been active, held office, or volunteered.

Organization: _____ Dates: _____

Specifics: _____

Organization: _____ Dates: _____

Specifics: _____

PART 4: AWARDS AND SCHOLARSHIPS RECEIVED

Please list any awards or scholarships you have received while in high school or college.

Award/Scholarship: _____ Year Received: _____

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Award/Scholarship: _____ Year Received: _____

PART 5: EMPLOYMENT

What employment experience have you had during the past 2 years? Please begin with your most recent job.

Employer: _____ Dates: _____ Hours/week: _____

Position: Type of Work: _____

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Position: Type of Work: _____

Briefly describe why you chose to pursue a degree in your program of study:

Tell us one or two things you have achieved - either in school or in your personal life - over the past two or three years of which you are most proud.

What kind of skills do you have that you could use in helping others in your community?

Include any background information, family history, or information about challenges you have faced that you would like the selection committee to consider as they review your application.

Upon Graduation, my plans are:

Incomplete applications will NOT be processed.

I certify that the information provided is correct to the best of my knowledge. By signing below, I authorize the release of my academic, financial, and personally identifiable information to outside agencies/donors for the purpose of financial aid consideration, reporting, or publicity purposes.

Signature:

Print full name:

Date: _____