

LEONARD & ELSIE ENGEL MEMORIAL SCHOLARSHIP

Name _____ Phone Number _____

Address _____
Street or PO Box City NE Zip Code

Father's Name and Occupation _____

Mother's Name and Occupation _____

Class Rank = _____ out of _____ GPA = _____ ACT Composite= _____

Course of study you plan to pursue: _____

Number of years needed to complete this: _____

Post-secondary institution you plan to attend, and have you been accepted to this school?

Your career goal(s) _____

Highlight your involvement in FFA or agriculturally-related studies and activities _____

Please attach your resume

Rev. 2/19