

The Bremer County Pork Promoters

Are Proud To Sponsor

# College Scholarship

Four scholarships up to \$500 each will be awarded to a high school senior attending any of the school systems in Bremer County. The applicant's parents or grandparents must be members of the Iowa Pork Promoters Association. Preference will be given to an Iowa college or technical school starting in the fall of 2014. Information and application forms are available by contacting your vocational-agriculture instructor or high-school guidance counselor. Applications must be received by March 15, 2014 to:

DEANNE LEISTIKOW, 2334 SABLE AVENUE, READLYN, IA 50668.

The winner will be announced in April 2014.

For more details or questions contact Philip Vossberg at 319-464-4702 or Deanne Leistikow at 319- 231-9706.

Bremer County Pork Promoters

Scholarship Application

Date \_\_\_\_\_

Please print neatly

**Part I: General Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

High School: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Intended College: \_\_\_\_\_

Major: \_\_\_\_\_

Parents'/Guardians' Name (If grandparents' are the members, please list their names below)

\_\_\_\_\_

Parents' Address: \_\_\_\_\_

Parents' Occupation: \_\_\_\_\_

**Part II: Academic Information** (please enclose copy of transcript)

Current GPA: \_\_\_\_\_

What high school academic honors have/did you receive?

\_\_\_\_\_

\_\_\_\_\_

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### Part III: Activities

List clubs to which you are or were an active member. Indicate the offices held, position of leadership, and activities in which you participate or participated

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List church, civic or community activities, or volunteering.

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### Part IV: Personal References

Please submit two character reference letters (non-relatives) with this application

### Part V:

Please attach a two-three paragraph minimum explanation of your professional goals and objectives and how this scholarship will help you achieve these goals.

I hereby certify that to the best of my knowledge, the above information is correct.

Students signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

IMPORTANT: Application must be signed by both parties.

RETURN COMPLETED APPLICATION BY MARCH 15, 2014 TO:

DEANNE LEISTIKOW, 2334 SABLE AVENUE, READLYN, IA 50668