

SCHOLARSHIP APPLICATION - 2025

Name:		
First	Middle	Last
Home Address:		
City, State and Zip code:		
Telephone:	Email:	
Parent or Guardian:		
Name of Farm/Employer (if applicable):		
Parent, Guardian, you, or employer are a:	Direct Patron of First	
(Name of Member Creamery)		
School you are or will be attending:		
Major or Course of Study:		
Length of program (18 months, 2 years, 4 yea	rs, graduate program) and wh	en you start(ed):

Please respond to the following questions on a separate page (2 page maximum).

- 1. Describe why you are interested in pursuing further education in your course of study?
- 2. Please describe your future plans, and how you will contribute to the dairy and ag industries today and in the years to come?
- 3. Summarize your organizational and community experience(s) that are related to your chosen course of study. (Example: 4-H, FFA, school activities, church, agriculture related activities, leadership activities, etc.).

Please include one (1) letter of recommendation, either your high school or current college grade transcript, and a photo of yourself. **Applications must be submitted to FDA by April 1, 2025.**

First District Association

101 S Swift Ave Or email Patti at: pschaefer@firstdistrict.com
Litchfield, MN 55355

Each year, First District Association selects up to 10 recipients for their scholarship, each worth \$1,000. Those who have received a First District Scholarship in the past are not eligible to receive another scholarship.