



# Waseca County American Dairy Association

## 2024-25 Scholarship Program Guidelines

The Waseca County American Dairy Association will award two (2) \$300 scholarships to a senior attending at NRHEG High School and who is intending to pursue a career in agriculture.

### Program Guidelines & Priorities:

- \* Seeking graduating seniors with an interest in agriculture as well as a record of involvement in ag related extra-curricular activities such as FFA and/or 4H.
- \* Applicants must have a minimum GPA of 3.0 and plan to attend a 2 or 4 year college, community or technical school.
- \* Scholarship funds will be paid ***in December 2024 or January 2025 for the second semester of the student's first year per institutions requirements***. It will be the student's responsibility to submit to the Waseca County American Dairy Association at that time an invoice for second semester tuition and fees, student ID number and college information along with a copy of a transcript from the college showing grades and classes enrolled for the next semester.
- \* Applicants must have the endorsement of their Guidance Counselor on their application attesting they are a qualified fit for this scholarship program. Application deadline is **March 21, 2025 by 4:00 p.m.** to be received at the Association. Late applications are not accepted.

Mail one copy of a completed typed application package to:  
(This includes application with signoff by Guidance Department, essay,  
and school transcript.)

Waseca County American Dairy Association  
c/ o Brian & Kirsten Sommers  
805 11<sup>th</sup> Ave SE  
Waseca MN 56093

The applications will be reviewed and the recipient selected by a committee consisting of the Executive Board of the Waseca County American Dairy Association. The scholarships will be awarded in May 2025.

Please submit any questions to: [bsommers@hotmail.com](mailto:bsommers@hotmail.com)



# Waseca County American Dairy Association

## SCHOLARSHIP APPLICATION 2025

|                                        |                                                                                                                                                                                                                                                                                                                                                           |                    |                |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|
| Please <b>type/print</b> your answers. |                                                                                                                                                                                                                                                                                                                                                           |                    |                |
| 1.                                     | Last Name:                                                                                                                                                                                                                                                                                                                                                |                    | First Name:    |
| 2.                                     | Mailing Address<br>Street:<br>City: State: Zip:                                                                                                                                                                                                                                                                                                           |                    |                |
| 3.                                     | Daytime Telephone Number: (      )<br>Email Address:                                                                                                                                                                                                                                                                                                      |                    |                |
| 4.                                     | Date of Birth:    Month                  Day                  Year                                                                                                                                                                                                                                                                                        |                    | Gender:        |
| 5.                                     | Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale)<br>Attach proof of GPA. Your most recent school transcript is required.                                                                                                                                                                                                                      |                    |                |
| 6.                                     | Are you the first person in your family to go to college:    YES ____    NO ____                                                                                                                                                                                                                                                                          |                    |                |
| 7.                                     | Name and location of High School attending:                                                                                                                                                                                                                                                                                                               |                    |                |
| 8.                                     | A. List any academic honors, awards, and membership activities while in high school:<br><br>B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:<br><br>C. List your non-school sponsored volunteer activities in the community:<br><br>D. List reasons you are interested in Ag related studies. |                    |                |
| 9.                                     | A. If you have decided on what college you will attend, please list school name:<br><br>B. If not, list your top 3 college choices:                                                                                                                                                                                                                       |                    |                |
| 10.                                    | Is your <u>parent or legal guardian</u> an employee of the agricultural industry?    Yes _____    No _____<br>If your answer is 'yes' please answer blocks A, B, C below. If your answer is 'no' go to item 12.)                                                                                                                                          |                    |                |
| 11.                                    | A.                                                                                                                                                                                                                                                                                                                                                        | His/her full name: |                |
|                                        | B.                                                                                                                                                                                                                                                                                                                                                        | Employer:          | C. Occupation: |



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|     |                                                                                                                                |        |             |
|-----|--------------------------------------------------------------------------------------------------------------------------------|--------|-------------|
| 12. | Name & address of parent(s) or legal guardian(s):<br><b>(Include address if different than your own listed in Question 2.)</b> |        |             |
|     | Name(s) :                                                                                                                      |        |             |
|     | Street:                                                                                                                        |        |             |
|     | City:                                                                                                                          | State: | Zip:        |
|     | Home phone of parents or legal guardians:                                                                                      |        | Work phone: |

**13. On a separate sheet please write an essay (250 - 500 words) answering one of the topics below:**

- a. Why is the dairy industry good for Minnesota?
- b. Where do you see the future of the dairy industry going in the state of Minnesota in the next 10 to 20 years?

**14. What are your future career plans in an Ag related business?**

### STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Association's scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to Waseca County American Dairy Association Scholarship Policy, it is my responsibility to remit to the Association the appropriate information for my scholarship to be paid according to institution guidelines for my second semester in December 2024/January 2025.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to the Waseca County American Dairy Association.

Name of Guidance Counselor submitting the application: \_\_\_\_\_

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

Contact information (email and phone): \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Checklist

- ☐ Application
- ☐ Essay
- ☐ Guidance Counselor signature
- ☐ School Transcript

**MAIL COMPLETE APPLICATION PACKAGE TO:**  
**Waseca County American Dairy Association**  
**c/o Brian & Kirsten Sommers**  
**805 11<sup>th</sup> Ave SE**  
**Waseca MN 56093**

**REMINDER:**  
**The deadline for this application to be received by the Waseca County ADA:**  
**MARCH 21, 2025**