** Chambers County ALFA Scholarship**

*(Type or print please)*

Name of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Served by which local ALFA office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALFA membership holder’s name and membership number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of membership holder to applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of high school/college/vocational school attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parents or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation of each parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Gross Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of dependent children under 18yrs \_\_\_\_\_\_ Over18yrs\_\_\_\_\_\_ Grade levels \_\_\_\_\_\_\_\_\_

Total monthly compensation, pension or trust received by parent and/or children $\_\_\_\_\_\_\_\_\_

Are you, the student, eligible for or drawing Social Security payments? Yes\_\_\_\_\_ No\_\_\_\_\_\_\_ If so, monthly amount $\_\_\_\_\_\_\_\_\_\_ Time limit of benefits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed date of graduation from high school or GED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of college or vocational school you hope to attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated course of study (major) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vocational School

**PLEASE SUBMIT THE FOLLOWING ALONG WITH YOUR APPLICATION**

1. Official high school transcript with a minimum of 2.5 GPA
2. College or vocational school transcript with a minimum of 2.5 GPA
3. 2 letters of recommendation from teachers or/and counselor
4. List of activities and organizations and offices held including school, church, and community.
5. Brief description of your goals and your plans for the future.

**APPLICATION FOR CHAMBERS COUNTY ALFA SCHOLARSHIP**

The application must be signed, completed and submitted to the local ALFA office by March 1st, 2024. If an applicant fails to complete the entire application or fails to submit all the items in the format requested by the deadline date, the application will not be considered in the application process.

Please note that the application must be signed by both the student applying for the scholarship and the parent/legal guardian of the applicant. If either of such signatures is not on the application, the application will be considered incomplete, and will not be considered in the application process.

By submitting the application package, the applicant and his or her parent/legal guardian signing the application are certifying that the information submitted is true and correct and are agreeing to the scholarship conditions set forth below.

SCHOLARSHIP CONDITIONS

1. The scholarship will be granted to high school seniors, those in the process of enrolling, or current students in a college or vocational school.
2. Recipients of the ALFA Agricultural Scholarship are not eligible for this scholarship.
3. In order to qualify, the applicant must be a dependent of an ALFA member at the time of application and through the active use of the scholarship.
4. In order to qualify for the scholarship, the student must attend a college program or a vocational school and carry a minimum of nine semester hours.
5. The scholarship will be paid by Chambers County ALFA organization directly to the educational institution for credit to the student’s account at the institution.
6. The scholarship must be used within six months following graduation except in the case of an extenuating circumstance.
7. The scholarships will be announced and awarded in May 2024.

By signing below, we acknowledge that we have read the entire two pages of the application package and certify that we understand the contents. We also certify that the information provided in the application and attachments submitted with the application are true and correct.

Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/legal guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Chambers County Farmers Federation will be awarding a $1,500 scholarship to a Chambers County student attending a technical school, college, or university in 2024. Applications can be picked up from your school guidance counselor or from the Lafayette or Valley ALFA office.

**Scholarship Guidelines/Requirements**

* Applicant must be a member of the Chambers County Farmers Federation or the dependent of a Chambers County Farmers Federation member.
* Applicant must be a U.S. citizen exhibit good moral character and citizenship and exhibit excellent academic potential.
* Applicant must submit a completed application including all requested materials by March 1st, 2024, to:

 Chambers County Farmers Federation

Attn: Scholarship Committee

1006 Ave. A SW

Lafayette Al. 36862

**Selection Process**

* Applications must be submitted to the insurance office in Lafayette or Valley. Completed application must be received by the March 1st, 2024 deadline.
* The scholarship committee will select three judges to review applications and submit county winner to county Farmers Federation board of directors.
* The selection process will consider activities and grades (40%), goals (30%), and need (30%).
* We do not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applications will be given equal opportunity and that selection decisions are based on the merit of the application.

**Receiving the Award**

* Payment of $1,500 for tuition will be made by the Chambers County Farmers Federation to the educational institution for credit to the student’s account at the institution.
* Student and parents/guardians will be invited to the annual county ALFA meeting held in August to be formally recognized by board members and membership.
* Scholarships are not automatically renewed each year, even if the student continues to meet all requirements. Applications must be submitted each year. Students applying for scholarship renewal may complete a “renewal application.”