

The Jason Krueger Memorial Scholarship — 2019- 2020

GENERAL INFORMATION (Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Parents or Guardians Telephone #: _____

Parents or Guardians: _____

High School: _____

High School Mailing Address: _____

High School Senior Counselor: _____ Phone #: _____

High School Senior Counselor's E-Mail Address: _____

FFA Chapter: _____

Advisor: _____ Phone # _____

Advisor's E-Mail Address: _____

Advisor Signature: _____

4H Club: _____

Advisor: _____ Phone # _____

Advisor's E-Mail Address: _____

Advisor Signature: _____

Steer Shows

Attended: _____

College, Trade School, or University you plan to attend: _____

Major/Field of Study: _____

Every Kid is Eligible for this scholarship regardless of ranking.

High School Class Rank: _____ out of _____ .

Students Application Signature: _____ Date: _____