



Farm Safety/Equipment Operation
Scholarship Application

Applicant Information

First Name: _____ Last Name: _____ Middle: _____

FVTC ID# (optional): _____ Date of Birth: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ County: _____ Email : _____

Middle or High School Name: _____

Who provides your financial support for this class? Parents Employer
 Other

FVTC Program/Course Information

Course: _____ Farm Safety & Equipment Operation _____

Campus you will attend: Appleton Clintonville Wautoma
 Chilton Waupaca

Requesting \$ 100.00 dollar Scholarship

How did you hear about this Scholarship opportunity? _____

Short Essay Questions:

How will your education or this class at Fox Valley Technical College fit into your career plans?

What activities have you participated in at your school and/or in the community?

Use this space to include any other information you think may be helpful to the Scholarship Selection Committee:

Please list one person who could serve as a reference for you (not a relative):

Name: _____ Relationship: _____

Phone: _____

Signature: _____ Date: _____

Please complete this application and email to foundation@fvtc.edu

or

Mail (two weeks before class starts) to:

**FVTC Foundation
1825 N. Bluemound Dr.
PO Box 2277
Appleton, WI 54912-2277**

*Your application will be reviewed for all scholarships for which you are eligible. Recipients will be notified by postal mail.
Please call the FVTC Foundation, Inc. with any questions at (920) 735-5608*