

Application for Floyd County Conservation Club Scholarship # 2

Name: _____

Address: _____

Phone #: _____

Email: _____

Date of Birth: _____

Date of High School Graduation or GED obtained: _____

Length of time you have resided in Indiana or Kentucky: _____

Name of FCCC Member you are related to: _____

FCCC Member ID #: _____

The FCCC Member is **myself** **spouse** **parent** **grandparent**

Desired Field of Study: _____

Field of Study Will Be which of the following:

Undergraduate **1 year** **2 year** **3 year** **4+ year program**

Graduate **1 year** **2 year** **3 year** **4+ year program**

Vocational **1 year** **2 year** **3 year** **4+ year program**

Name of Institution that you plan to attend: _____

Address of Institution that you plan to attend: _____

List extracurricular activities, volunteer, and leadership roles. Please include the timeline of your involvement with each role.