



INSTRUCTIONS TO SCHOLARSHIP APPLICATION

The 2020 Application Period runs from 3/1/2020 to 3/31/2020.

*Scholarships for the Fall 2020 semester will be awarded in **May**.*

Who can apply?

Current Ag Health Benefits Alliance group health participants, their legal spouses, children, and grandchildren can apply for the scholarships.

The scholarships are for:

- Vocational, technical, or trade school; and
- Undergraduate or graduate school in the field and school of their choice.

An applicant may apply for up to two scholarships. Scholarships will ordinarily be awarded for a one-year period, on a non-renewable basis. They can be used for tuition and school fees, books, school supplies, room, and board. Agricultural Health Benefits Alliance Educational Foundation, LLC (AHBAEF) reserves the right to impose additional restrictions and/or requirements upon Scholarship Awards and the administration of such scholarships.

Scholarship winners will be chosen by a Scholarship Committee based on:

- Past educational performance, if applicable;
- Recommendations from the applicant's instructors or others with knowledge about the applicant's capabilities;
- Background information about the applicant's personal, educational, and other experiences;
- The applicant's motivation, character, ability, and potential; and,
- The applicant's financial need.

Scholarships will be awarded based on fair, objective, and non-discriminatory methods.

Scholarship winners may be:

- Aspiring students who are not yet in school;
- Full or part time students at an educational institution for full credit toward an associate's, bachelor's, or higher degree; or vocational school; or other program that offers a training program; or
- Undergraduate or graduate students at a college or university.

Applicants should return completed application by email to info@aghealthbenefits.org or by mail to:

**Scholarship Committee
176 Main Street, #C St.
Helena, CA 94574**

Scholarships will be awarded based on this written application and a possible in-person interview. We will contact qualified candidates to arrange a date/time for the interview, if applicable.

AHBAEF will take all reasonable and appropriate steps to recover the scholarship funds in the event that any or all of a scholarship is not being used for the purposes of the scholarship.



SCHOLARSHIP APPLICATION

Please submit by March 31, 2020 to the address shown below.

Agricultural Health Benefits Alliance Educational Foundation, LLC is pleased to consider academic scholarship applications for active participants and the spouses, children, or grandchildren of participants in the Ag Health Benefits Alliance group health program.

NAME OF APPLICANT _____

APPLICANT ADDRESS _____

APPLICANT EMAIL _____ **TELEPHONE NUMBER** _____

Please tell us more about your affiliation to AG HEALTH BENEFITS ALLIANCE:

Are you the group health plan participant? Y E S N O

If NO, name of the participant: _____

Your relationship to the participant: _____

SPOUSE DATE OF MARRIAGE: _____

CHILD DATE OF BIRTH: _____

GRANDCHILD DATE OF BIRTH: _____

The participant is employed by:

Please provide the Health Plan ID number: **W00**_____ (the HCID is located on the participants ID card)

Please tell us more about your educational background and goals to continue your education:

1. When did you last attend school? _____ Where? _____

2. Name, City & State of the college or trade school you plan to attend:

FIRST CHOICE: _____

SECOND CHOICE: _____

3. Intended field of study: _____

4. Anticipated cost for tuition and related expenses: _____

5. Intended occupation/post-college plans: _____

6. If applicable, other scholarships applied for or already received: _____

7. Do you plan to have part-time employment to supplement expenses? (If yes, please specify) _____

8. Special family, personal, financial, or other circumstances for committee consideration:



Please also include:

- A. Up to three (3) letters of recommendation.
- B. School transcripts, if any.
- C. Essay - In the space below or by separate attachment, please write a brief essay (less than 500 words) describing your educational goals:



Application Deadline

Must be postmarked or electronically received by March 31, 2020

Return completed application by email to info@aghealthbenefits.org or by mail to:

Scholarship Committee

176 Main Street, #C

St. Helena, CA 94574

Scholarships will be awarded based on this written application and a possible in-person interview. We will contact qualified candidates to arrange a date/time for the interview, if applicable.

Successful scholarship candidates will be notified by May 1st, 2020

Signature of Applicant

Date

If under age 18, print the name of the Parent/Guardian Approving of Application Submission

Signature of Parent/Guardian

Date