



Rhode Island Farm Bureau Federation, Inc.

2025 Scholarship Application Form

This full application form, typed, as a pdf or neatly written, must be submitted by **October 6, 2025**.

Please submit two letters of recommendation from non-family members with this application.

Applicant or the parent/guardian of a minor applicant must hold a current paid RIFB membership to be eligible for a RIFB scholarship.

Name: _____

Mailing Address: _____

Telephone: (Home) _____ (Cell) _____

Email Address: _____ Age: _____ Date of Birth: _____

Parents/Legal Guardian's Name and Address:

Rhode Island Farm Bureau Membership Number: _____

Academic Information: (Complete all statements that apply.)

High School: _____ Year of Graduation: _____

Name and Address of College, University or Institute of Higher Learning you Currently Attend

Or Plan to Attend in the Fall: _____

Year You Expect to Graduate: _____ Current Year in College: _____



1. Why did you choose the school you plan to attend?

2. What major do you plan to pursue and what are your reasons for choosing this plan of study?

3. Did 4H or FFA influence your decision? If so, how?

4. What are your career plans? (25 words or less)

Experience with Community Service:

Please list in chronological order your community service experiences. Include things that contributed to the welfare of other individuals or community (including 4-H and FFA) and indicate the size and scope of your project. (Use back or additional page if needed.)



Identify any citizenship/leadership experiences you have been involved with:

List any extracurricular activities in school/college (clubs, band, sports, etc.):

List any work experience you have had. (Include type of work, hours/week, dates of employment). If possible, please include a contact name and telephone number for one of your employers. At the Committee's discretion, they may choose to contact your employer for a character reference.

Statement by Applicant and Parent/Guardian

Applicant: I personally have prepared this report and certify that it accurately reflects my work.

Signature of Applicant: _____ Date: _____

Parent/Guardian: We have reviewed this report and believe it to be correct.

Signature of Parent/Guardian if applicant is under the age of 18) Date: _____

Responses must be postmarked by September 22th if mailed to:

Rhode Island Farm Bureau
16B Nooseneck Hill Road
West Greenwich, Rhode Island 02817

Responses may also be hand-delivered to the office by September 23. Please call or email to be sure the office is open.

Scholarships will be awarded at the Rhode Island Farm Bureau Annual Meeting
on November 7, 2024

Thank you and good luck!