

SEDGWICK COUNTY FARM BUREAU AGRICULTURAL ASSOCIATION -AMBASSADOR PROGRAM APPLICATION FOR JUNIORS-

(PLEASE PRINT IN INK OR TYPE. APPLICATION MUST BE IN FARM BUREAU OFFICE BY MARCH 1, 2025.)

Date:	(MM/DD/YYYY)	
Kansas Farm Bureau	Membership Number:	(Nine-digit number beginning with 150)
Name:		
	Last, First, Middle	
Home Address:		
Date of Graduation:_	Street, City, State, Curr	Zip Code ent GPA:
Telephone Number: _		
E-Mail Address:		
Father's Name:		
Mother's Name:		
9	bership in organizations, offices you ha	ive held, athletic activities, participation in debate or to 500 words.
-	•	earticipated in since entering high school, such as fices held in each. Less than or equal to 500 words

List summer or part-time work experience. Please list the time you worked and duties. Less than or equal to 500 words.
Please summarize why you would like to be a Sedgwick County Farm Bureau Agricultural Association Ag Ambassador. Less than or equal to 500 words.
Write a summery of your understanding of Konsos Form Bureau and Sodawick County Form Bureau Agricultura
Write a summary of your understanding of Kansas Farm Bureau and Sedgwick County Farm Bureau Agricultural Association. Less than or equal to 500 words.

PLEASE INCLUDE WITH THIS APPLICATION: TWO LETTERS OF RECOMMENDATION of ability and

character from an employer, counselor, pastor, teacher or adult friend.

APPLICATION MUST BE IN FARM BUREAU OFFICE BY MARCH 1, 2025.

Please Submit to:

sedgwickfb@kfb.org
Sedgwick County Farm Bureau Agricultural Association Or mail to:

Scholarship Committee 889 N Maize Rd, Suite 100

Wichita, KS 67212