

**2026 Kern Ag Foundation**  
**Joe D. Garone Memorial Ag Scholarship – Application Form**

**Name of Applicant:**

**Mailing Address:**

Street Address      City/State      Zip Code

**Telephone:**

Home Cell Phone

**Email Address:**

**Date of Birth:**

Month Day Year

**Name of Parent(s)/Guardian(s):**

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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**What school are you currently attending?**

**What school are you planning to attend next year?**

### **What will be your college major?**

### **After college, what career do you plan to pursue?**

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**Name of Applicant:**

**Applicant's Family:**

### Number of parent(s)/guardian(s)

### Number of siblings living at home or in college

### Number of siblings currently in college

### **For High School Seniors:**

What High School are you attending?

Are you an FFA member?

If yes, please list the name and phone number of your advisor.

Are you a 4H member?

If yes, please list the name and phone number of your leader.

## **For College Students:**

What High School did you attend?

What year did you graduate from high school?

What college or university are you currently attending?

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**Name of Applicant:**

First

Middle

Last

**List any agriculturally related or service organizations you are involved in:**

**Briefly describe your activities:**

**What are your post-graduate plans?**

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### **Applicant's Statement:**

Please tell the scholarship committee about yourself including any special family or financial needs that are relevant.