



## Proud Parents Buyers Group Foundation

2024 Scholarship Application

DUE DATE: May 1<sup>st</sup>, 2024

### Agreement Letter

Applicants Name: \_\_\_\_\_

I hereby certify that I have completed all the information in this application and to the best of my knowledge, it is correct and accurate. I acknowledge that all information in this application may be disclosed to third parties for the purpose of scholarship consideration. If I am selected for a scholarship award, I will notify Proud Parent Buyers Group Scholarship Committee promptly of any change in college, residence, and or course enrollment that would affect my ability for this award. Proof of enrollment and receipt of payment of scholarship award will be required to be sent within 90 days of award of monies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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**DUE DATE: May 1<sup>st</sup>, 2024**

***\*\*Please have this form completed by your FFA Advisor\*\****

**FFA Membership Verification Form**

Please confirm number of years of membership.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

FFA Chapter: \_\_\_\_\_ Years of Membership \_\_\_\_\_

*Please sign below, confirming that you agree with the accuracy of the information on this form.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Please email any questions to [proudparentsbuyersgroup@gmail.com](mailto:proudparentsbuyersgroup@gmail.com)**





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***\*\*Please have this form completed by your 4-H Manager \*\****

### 4-H Membership Verification Form

Please confirm number of years of membership.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

4-H Club: \_\_\_\_\_ Years of Membership \_\_\_\_\_

*Please sign below, confirming that you agree with the accuracy of the information on this form.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Please email any questions to [proudparentsbuyersgroup@gmail.com](mailto:proudparentsbuyersgroup@gmail.com)**





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***\*\*Please have this form completed by High School Counselor or Principal\*\****

### GPA/Class Rank Verification Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ out of \_\_\_\_\_

*Please sign below, confirming that you agree with the accuracy of the information on this form.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Please email any questions to [proudparentsbuyersgroup@gmail.com](mailto:proudparentsbuyersgroup@gmail.com)**

