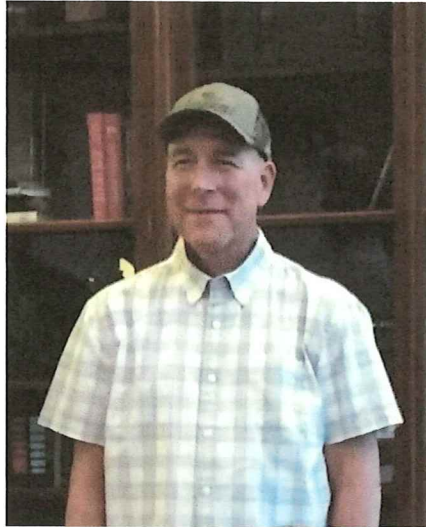


## **THE GRANT KNEESKERN AGRICULTURAL SCHOLARSHIP**

**Of Tiffin Community Foundation**



The Grant Kneeskern Agricultural Scholarship Fund has been established in memory of Grant Kneeskern who discovered his passion for farming while growing up in Seneca County. Grant worked at National Machinery for more than 20 years and eventually turned his love for farming into his life-long career. He was a proud farmer, loving husband, father, and grandpa. He was happiest when his grandkids were riding with him in the combine. Grant graduated from Tiffin Columbian High School in 1979 and was an avid reader and lifelong learner.

Scholarships in the amount of \$1000 will be awarded annually to Seneca County or Oak Harbor high school seniors who are currently enrolled in Agricultural studies and are pursuing a post-secondary degree in a two or four year program of further Agricultural study. The scholarship may be used for tuition, books, and fees.

**Submit your completed application and essay to your guidance counselor or  
The Tiffin Community Foundation by March 31**

The Grant Kneeskern Agricultural Scholarship Fund is a component fund of The Tiffin Community Foundation which maintains exclusive legal control.



# The Grant Kneeskern Agricultural Scholarship Application



**Deadline March 31**

Deliver completed application to  
your school counselor or email to:  
info@tiffinfoundation.org

Attachments: ☒

- ☐ List of extracurricular activities
- ☐ Current transcript of education.
- ☐ Letters of recommendation
- ☐ Essay

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

Address: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

High School: \_\_\_\_\_

Year of graduation: \_\_\_\_\_ GPA: \_\_\_\_\_ ACT &/or SAT: \_\_\_\_\_

School you are planning to attend for further study: \_\_\_\_\_

Major/minor: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Career goal: \_\_\_\_\_

Other sources of scholarship or financial assistance: \_\_\_\_\_ Please indicate dollar amount for each.

--

Work Experiences including high school work-study programs:

--

I hereby give permission for a scholarship fund advisor to contact any of my teachers, past or current employers, coaches, or guidance counselors for additional information about my scholastic attendance, performance, financial circumstances and references.

I understand that the information set forth in this application may be shared with a scholarship fund advisory committee. I acknowledge that all information contained in this application and attachments is true. I understand that this application and its attachments will become the property of The Tiffin Community Foundation and will not be returned to me, the applicant.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

For Tiffin Community Foundation Use

Date received: \_\_\_\_\_ Complete? ☐ yes ☐ no Contacted applicant: \_\_\_\_\_

Submitted completed application and attachments to Scholarship Trustees: \_\_\_\_\_