**BEN HESSELINK MEMORIAL SCHOLARSHIP**

**Due: March 15th**

**Description:**

One or more scholarships may be awarded by the Ben Hesselink Memorial Scholarship Fund.

**Eligibility:**

1. Applicants must be enrolled in post high school Agriculture Program, long or short course, from a Wisconsin Technical College. (Areas of study may include: Agricultural Journalism, Agronomy, Bacteriology, Biochemistry, Dairy Science/Herd Management, Environmental Sciences, Food Industry, Genetics, Horticulture/Landscape Architecture and any other Agriculture Related Field of Study.)
2. Candidates for this scholarship must be a Sheboygan County resident.
3. Candidate rank in the upper 50% of class preferred with grade point of 3.0 or higher. Please attach high school and/or college transcripts with application.
4. Scholarships will only be awarded to an individual one time.

**Administration and Awarding of Scholarship:**

a. Each applicant should forward all application materials to Extension Sheboygan County, Attn: Ben Hesselink Memorial Scholarship, 5 University Drive, Sheboygan, WI 53081 by March 15th.

b. Final selection and awarding of the scholarships will be made by the Ben Hesselink Memorial Scholarship Committee.

**Rules Regulating use of Scholarship:**

a. Scholarship funds will be awarded after completion of the first semester of college. Recipient must show proof of completing the 1st semester of college in good standing. (2.0 or better)

b. Scholarship will be paid directly to the school in the name of the recipient.

c. Scholarship funds must be claimed by March 15th of the year the awardee is eligible to receive the monies. Not doing so forfeits the scholarship award.

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**Ben Hesselink Memorial Scholarship Application**

Print or type

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

Month Day Year

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

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

Name of High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Graduation:\_\_\_\_\_\_\_\_\_\_\_

Name & address of school you will/are attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Field of study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activities:** List high school extra-curricular activities. Include offices held, honors, awards, etc.

**Community Activities:** Include offices held, honors, awards, etc.

**What do you consider your strongest characteristics? Why?**

**What do you consider your weakest traits? Why?**

**Do you consider yourself a leader or a follower? Why?**

**Please share any special personal or family circumstances affecting your need for financial assistance.**

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Applicant’s Signature Parent of Guardian’s Signature

Please attach:

• Three letters of recommendation - one from a teacher, professor, guidance counselor, college advisor or principal, one from an employer or community leader and one from any source other than immediate family.

• One-page statement of your personal goals and ambitions in the field of Agriculture.

• High school and/or college transcripts.

Revised 4/22/2025