



Scholarship amounts may vary based on the number of applicants.

**Mission Statement:** The goal of this scholarship program is to recognize students in an FFA Trapshooting program in the State of Missouri. Students who receive a scholarship must use it to further their education at a two or four year college, university, technical or specialty school.

**Eligibility/Criteria:** Secondary students must be an FFA Trap Team member, a high school senior and eligible to graduate the current year for which the award is being made with a GPA of 2.0 or above on a 4.0 scale.

**STUDENT: AFTER YOU HAVE COMPLETED THIS APPLICATION, PRESENT IT TO THE GRAND RIVER TECHNICAL SCHOOL COUNSELOR FOR CERTIFICATION. THE DEADLINE IS MARCH 25th OF YOUR GRADUATING YEAR.**

# Tom Burtch Memorial Trapshooting Scholarship Application

## Instructions:

1. Type or print in black ink. Incomplete applications will not be considered.
2. Keep a copy of your completed application.
3. Return the original completed application to:

**GRTS Counselor  
1200 Fair Street  
Chillicothe, MO 64601  
660-646-3414**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Are you eligible to receive A+ scholarship? Yes ☐ No ☐

Post-secondary institution you are planning to attend:

\_\_\_\_\_

Have you applied? Yes ☐ No ☐

Have you been accepted? Yes ☐ No ☐

Intended Major or Field of Study: \_\_\_\_\_  
(Ag major will be given preference over other fields of study)

List the years you participated in the Tom Burtch Memorial Trapshoot.

ex: 2021 , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Are you willing to volunteer at future scholarship fundraising events? Yes ☐ No ☐

List the years have you been a member of the FFA Trap Team? \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ .

If needed, please use additional sheets of paper to complete the following questions.

1. Please list any honors or awards you have received.
  
  
  
  
  
  
  
  
  
  
2. Tell us about your involvement in community, agricultural youth organizations (4-H, FFA, etc.) and other leadership activities. Maximum of 100 words.
  
  
  
  
  
  
  
  
  
  
3. Please tell us how you intend to use your studies and talents in the future. What are your long-range personal and career goals? Maximum of 100 words.
  
  
  
  
  
  
  
  
  
  
4. Please state why you would like to receive this scholarship.

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The above statements are true and accurate to the best of your ability. As a required part of this application, please sign and date below. If you are under 18 years of age, please have your parent(s) or legal guardian sign and date this application.

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Signature of Parent/Legal Guardian

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Signature of Applicant

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Date

## ACKNOWLEDGEMENT

I hereby acknowledge that the Tom Burtch Memorial FFA Scholarship Committee may use my name and photo in public press releases in the event I am awarded a scholarship as a result of this application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The recipients of this scholarship must submit in writing their name, name of the post-secondary college, university, technical or specialty school attending, post-secondary institution ID, address of post-secondary institution and a senior picture. Instructions will be given to recipients when certificates are awarded.

## ACADEMIC ACHIEVEMENT

This section should be completed by applicant's school counselor. Please attach transcript.

Graduation Date \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

ACT Score (if taken) \_\_\_\_\_ Student rank # \_\_\_\_\_ in a class of \_\_\_\_\_

Counselor's Signature \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

## RECOMMENDATION

This section is to be completed by applicant's FFA Advisor.

|                                    | Enthusiastically         | Strongly Recommend       | Recommend                |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| For academic potential             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For character and personal promise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| For leadership potential           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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Advisor's Signature \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_