



Imperial County Board of Supervisors 2017 Agricultural Benefit Program Scholarship Match

Student Recipients of Agriculture Scholarships

The Imperial County Agricultural Benefit Scholarship Program matches qualifying scholarships awarded to Imperial County students. To be a "Qualifying Scholarship," the scholarship criteria must be exclusively for agriculture majors and/or those in closely-related fields. Imperial County does not accept or review applications for scholarships, but instead works exclusively with organizations that manage qualifying scholarship programs.

To receive the County match for a qualifying scholarship, the student must ensure that:

- The form on the back of this page is submitted to the Imperial County Agricultural Commissioner's Office by June 1st;
- Any information not available when the form is first submitted will be provided to the Agricultural Commissioner's Office as soon as possible thereafter (such as Student I.D. number); and
- Scholarship match recipients will attend an award ceremony at a Board of Supervisors meeting.

You may be notified in writing of any additional required information that has not been received, and/or with the date of the award ceremony if your scholarship meets the criteria for this match.

If you cannot submit this form by June 1st, please contact us.

Contact Information:

Agricultural Commissioner's Office
852 Broadway, El Centro, CA 92243

Phone (442) 265-1500
Fax (760) 353-9420

Rachel Garewal, Deputy Agricultural Commissioner
Jolene Dessert, Assistant Agricultural Commissioner
Carlos Ortiz, Agricultural Commissioner

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Imperial County Board of Supervisors
2017 Agricultural Benefit Program Scholarship Match
Student Information Form

Applicant Information

Full Name: _____ Date of Birth: _____

Present Address: _____

City _____ State _____ Zip _____

Permanent Address (if different): _____

City _____ State _____ Zip _____

Phone Numbers: Cell _____ Home _____

Email: _____

Scholarship Information

(The scholarship must be a "Qualifying Scholarship"; the awarding organization should ensure that we receive their scholarship program criteria and requirements for evaluation.)

Scholarship Granting Organization(s): _____

Name of Scholarship(s): _____

College Information

(If this information is not yet available, leave it blank. However, it must be provided to receive scholarship award.)

Name of College or University: _____

Major: _____

Student ID Number: _____

Remit Payment to (at University): _____

Payment Address: _____

The information on this application is correct to the best of my knowledge.

Applicant Signature

Date

Submit completed form to Agricultural Commissioner's Office by June 1st – contact information on reverse