



Jim Thompson Memorial Ag Scholarship Application

Please type

Applicant's Name: _____

Address: _____
(Street) (City) (State) (Zip)

Email address: _____

Phone number: _____

GPA (unweighted w/bonus): _____

1. School(s) I will attend: _____

2. My course of study, program or major: _____

3. My career plan and goals: _____

4. Please list the Ag courses you took and related activities you participated in at Madison High School.

5. Please attach one Letter of Recommendation.

Applications MUST be sent electronically to

madisoneducationalfoundation@k12.sd.us