



## B. FRANK STRICKLAND MEMORIAL SCHOLARSHIP

### PERSONAL INFORMATION

1. Last Name \_\_\_\_\_ First \_\_\_\_\_  
Middle \_\_\_\_\_
2. ABAC Student ID \_\_\_\_\_
3. Age \_\_\_\_\_ Sex  Male  Female Marital Status:  Single  Married
4. Country of Citizenship \_\_\_\_\_  
If not a U.S. citizen, are you a permanent resident?  Yes  No
5. Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  

	City	State	Zip
6. County of Residence _____			
7. Home Phone \_\_\_\_\_
8. Work Phone \_\_\_\_\_
9. Parent(s)  
Name \_\_\_\_\_
10. Is your family involved in production agriculture?  Yes  No
11. List commodities  
produced \_\_\_\_\_
12. Name of hometown  
newspaper \_\_\_\_\_

### **ACADEMIC INFORMATION** (Use additional pages if necessary)

13. Name and Location of High School  
\_\_\_\_\_  
\_\_\_\_\_
14. Graduation Year \_\_\_\_\_
15. High School GPA\* \_\_\_\_\_
16. College GPA\* \_\_\_\_\_

17. Honors and Awards Received

---



---



---

18. Scholastic Activities

---



---



---

19. Employment or other extra-curricular activities

---



---



---

COLLEGE ADMISSION INFORMATION

16. Have you applied to Abraham Baldwin Agricultural College?  Yes  No

17. Intended Major \_\_\_\_\_

18. What do you plan to do upon graduation?

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



19. How will you benefit from this scholarship?

---



---



---



---



---



---



---



---



---



---



---

**LETTERS OF RECOMMENDATIONS**

Three letters of recommendation are required in support of this application.

- A. One from a high school or college teacher
- B. One from any source other than immediate family
- C. One from a former employer (If you have not been an employee, obtain a second letter from (A or B.)

**Completed applications should be returned no later than May 4, 2023 to:  
GFB Foundation for Agriculture; Attn: Lily Baucom, 1620 Bass Road, Macon, GA  
31210**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_  
High School Counselor or College Registrar