



**Birkey's 4 Year
College Scholarship Program**

Dear Scholarship Applicant:

The objective of the Birkey's Scholarship Internship program is to provide scholarships to college level students who are enrolled in a curriculum that would prepare him/her for a career at Birkey's Inc.

The scholarships are awarded in the amount of \$500.00 per semester to be paid for your Junior and Senior years. The awards are presented based on scholastic ability, community involvement, and extra-curricular activities.

Scholarship Guidelines

1. The applicant must be working toward a bachelor's degree at a 4 year college.
2. Selection will be based on a composite of academics, school and community activities, community and industry service, honors and awards, and employment history.
3. Qualified students must complete an application and MVR authorization and return it to Phil Fayhee at the Birkey's Bloomington office.
4. Applications will be reviewed by a panel including college officials and Birkey's management, who will make final selections. A personal interview may be required.
5. Applicant must demonstrate a strong interest and intention of entering a career in agricultural or construction equipment industry.
6. The applicant's character, reputation, and personal life, as evidenced by references, or by inquiry, will be of high quality, reflecting a high likelihood of success in their academic pursuits.
7. Applicant must include with their application a minimum of two letters of recommendation from individuals not related to the applicant.
8. The candidate must complete the required courses and receive the degree sought.
9. The applicant must possess a valid driver's license and have a driving record acceptable to Birkey's insurer.
10. Scholarship funds would be issued to the student following completion of each semester. Approval requires sufficient number of course hours to be considered a full-time student. Student must maintain an overall "C" average or above. Student must submit a copy of grade transcripts for issuance of funds.
11. Upon completion of each term, candidate will submit grade transcripts.
12. Candidate will submit proof of enrollment for each semester to receive scholarship.
13. Scholarships may be subject to cancellation if the student does not achieve satisfactory academic standards, changes the basic course of accepted study, desires to change schools, or the inability to maintain a valid driver's license and acceptable driving record.
14. Candidate agrees to refund scholarship if these conditions are not met.



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Checklist for Applicants

(Please clip or staple this page to your completed application before turning it in.)

- Completed application
- Most current (certified) transcript from your school
- Two reference letters (attached)
- Completed Motor Vehicle Report Authorization
- Mailed or delivered to: Phil Fayhee
Birkey's Farm Store, Inc.
1105 Interstate Drive
Bloomington, IL 61705

For office use only:

Date received: _____

Transcript enclosed? Yes / No

Recommendations enclosed? Yes / No



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Please type or print

Date: _____

Section 1. General Information

Name _____ Phone _____

Home address _____

County _____

Parent's names _____

Parent's address _____

Parent's occupation _____

High School attended _____

College attending _____

Section 2. Academic Information

High School G.P.A. _____/_____ (please enclose certified transcripts)

High School Class Rank _____/_____ ACT Score _____

Current College G.P.A. _____/_____

What high school academic honors have you received? _____

What college academic honors have you received? _____



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Section 3. College Goals

Please indicate your major area of study and degree you intend to complete: _____

Starting date: _____

Expected graduation date: _____

Section 4. Activities

List agricultural or other clubs/organizations to which you belong. Indicate offices held, positions of leadership and activities in which you participate(d). _____

List church, civic or community activities in which you participate(d). _____



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Section 5. Self-Analysis

Briefly summarize your career goals. _____

What are your strengths? _____

What are your weaknesses? _____

In terms of career development, where do you see yourself in five years? In ten years?

Why do you feel you should be awarded this scholarship? _____



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What is the biggest challenge facing you today? _____

I hereby certify that the above information is correct and complete.

Student Date

Parent / Guardian Date

Send application, reference letters and transcripts to:

Phil Fayhee
Birkey's Farm Store, Inc.
1105 Interstate Drive
Bloomington, IL 61705



Motor Vehicle Report Authorization

Driver Name (as shown on Driver's License): _____
First Middle Last

Address: _____ City: _____ State: _____ Zip Code: _____

Current Driver License (DL) Number: _____ DL State: _____ Expiration Date: _____

Please attach a copy of your current driver license.

Other Driver Licenses or Permits Held in the Past 3 Years	State	License Number	Class	Expiration Date

Position Applying For: _____ Date of Birth*: _____

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license. I certify that I do not have more than one current motor vehicle license, the information for which is listed above.

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

I voluntarily authorize Birkey's Farm Store, Inc. to obtain motor vehicle reports regarding me in connection with my application for a scholarship, or employment and my ongoing employment if applicable.

I also voluntarily authorize Birkey's General Liability Insurance Carrier to secure Motor Vehicle Reports on me as needed for business insurance underwriting purposes.

I certify that this application was completed by me, and that all information reported is true and complete to the best of my knowledge.

Employee Signature: _____ Date: / /

**Date of birth information will be used to insure an accurate reporting. It will not be used in any employment decision. The Age Discrimination in Employment Act prohibits discrimination against persons 40 years of age or older.*