

THOMAS WILLIAM AND MARGARET ALEXANDER STEINER MEMORIAL SCHOLARSHIP

Name: _____

Address: _____

Phone Number: _____

College/University/Trade School attending:

QUALIFICATIONS: Graduating senior planning to attend a college/university or a vocational/trade school **majoring in Agriculture.**

Please provide a copy of our transcript and your Resume. Be sure to include financial need or any unusual circumstances that you feel should be considered.