



ACADEMIC SCHOLARSHIP APPLICATION
College Education
INSTRUCTIONS AND DETAILS

Who can apply?

Current participants in the Ag Health Benefits group health benefit program can apply. Legal spouses of plan participants as well as children and grandchildren under age 25 can also apply. Children and grandchildren do not need to live with the plan participant.

If you are applying for technical training, trade schools and/or certificate programs, please complete the Vocational Scholarship Application.

Academic scholarships are for:

- Aspiring students who are not yet in school;
- Current full- or part-time students at any community college, four-year college or university in the U.S.; and,
- Undergraduate or graduate students working toward an associate's, bachelor's, or higher degree at any college or university in the U.S.

Several scholarships will be awarded in amounts up to \$5,000 each.

Scholarships can be used for tuition, school fees, books, school supplies, room, and board. Scholarships are typically awarded for a one-year period. Past applicants and past winners may apply again. Applicants are eligible for up to two AHBA scholarship awards.

Academic scholarship applications are accepted annually between March 1 – 31.
Awards will be announced in late May each year.

Academic scholarship winners will be chosen by a Selection Committee based on:

- Background information about the applicant's personal, educational, and other experiences;
- The applicant's motivation, character, ability, and potential;
- The applicant's financial need;
- Past educational performance, if applicable; and,
- Recent personal and professional letters of recommendations.

Incomplete applications will not be considered.

Program Details

Available at www.aghealthbenefits.org/scholarships Questions? Please call (707) 963-7191 or visit our office at 5 Financial Plaza, Suite 116, Napa CA 94558.



ACADEMIC SCHOLARSHIP APPLICATION

Applicant's Name _____

Applicant's Address _____

Street

City

State

Zip

Applicant's Email _____ Telephone Number _____

I. Please tell us about your affiliation with AG HEALTH BENEFITS ALLIANCE:

Are you the group health plan participant? YES NO

If YES, name of your employer: _____

Health Care ID (HCID) number: **W00** - __ - ____ (located on your health care ID card)

If NO, name of the participant: _____

Please circle your relationship to the participant and provide the applicable date:

Spouse Date of Marriage _____

Child (under age 25) Date of Birth _____

Grandchild (under age 25) Date of Birth _____

Participant's employer: _____

Participant's Health Care identification number (HCID): **W00** - __ - ____ (this number is located on the participant's health care ID card)

II. Please tell us about your educational goals and situation:

1. What do you intend to study? _____

2. What are your intended post-education plans?

3. Are you currently a student? YES NO

If YES, provide the name, city, and state of your school: _____

If NO, provide the name, city and state of the school or program you plan to attend:

First Choice School: _____ Status _____

Second Choice School: _____ Status _____



III. Please tell us how this scholarship will help you financially:

1. What is your anticipated annual cost for tuition: _____ related expenses _____ TOTAL _____
2. What is your annual HOUSEHOLD income? Please include income from all sources. _____
 - a. Do you have any dependents? YES NO If YES, how many? _____
3. Have you applied for or received any other scholarships this year? YES NO
 - a. If YES, please provide the source and amount granted. _____
4. Are there other family, personal, financial, or special circumstances that you would like the Selection Committee to know?

IV. Please also include:

- 1) At least one and up to three recent professional or personal letters of recommendation.**
- 2) An essay, attached as a separate page, of up to 500 words.** Describe your strengths, relevant experiences, and career and/or educational aspirations. Please tell us how an Ag Health Benefits scholarship will help you to achieve your goals.
- 3) Your most recent school transcript(s).**

Application Deadline: March 31, 2024



Incomplete applications will not be considered. Please make sure you have included everything on the following checklist:

- Name, address, and contact information
- Name of your employer and health care ID (HCID) number (if you are the Ag Health Benefits participant)
- Details on your relationship to the Ag Health Benefits participant, their employer, and their health care ID (HCID) number (if you are not the Ag Health Benefits participant)
- Information about your educational goals
- Information about finances and costs
- At least one but up to three recent letters of recommendation
- An essay
- School transcripts

Return your completed application by March 31, 2024

By email: info@aghealthbenefits.org

By mail: AHBAEF Scholarship Committee; 5 Financial Plaza, Suite 116; Napa, CA 94558

Scholarships will be awarded based on fair, objective, and non-discriminatory methods. Finalists will be chosen based on information provided in the written application and a virtual interview with the Selection Committee. AHBAEF will notify award recipients by mail. Scholarships will be issued upon proof of educational enrollment and acceptance of program terms.

Scholarship winners will be announced in late May, 2024.

By signing this application, I am stating that all information that I have submitted is truthful and accurate.

Signature of Applicant

Date

If under age 18, print the name of the Parent/Guardian Approving of Application Submission

Signature of Parent/Guardian

Date

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