

## **Leroy Keilman Memorial Agricultural Safety Scholarship**

This scholarship is made available through the generosity of Mr. Leroy Keilman of Billings, Montana. Mr. Keilman was raised on farms at Philbrook and Hobson, Montana, and graduated from Hobson High School in 1929. He attended Montana State University on a scholarship provided by 4-H and graduated with a degree in agriculture. He was a vocational agriculture teacher/FFA advisor for 15 years at high schools in Moccasin, Poplar, Miles City, and Billings. Mr. Keilman was then a soil scientist for the Bureau of Reclamation. Mr. Keilman retired at the end of December, 1986, from the BLM. He was the Safety and Health Manager for the Bureau of Land Management in Montana, North Dakota, and South Dakota. Prior to this position, he was a BLM resource area manager for 12 years. Mr. Keilman had a lifelong interest in the promotion of agricultural safety. Mr. Keilman passed away in 1998.

### **Eligibility:**

To be eligible for the scholarship, the applicant must:

1. be a graduating senior in high school
2. be an active FFA member
3. be actively involved in the promotion of agricultural safety
4. attend Montana State University – Bozeman (first-time incoming freshman)
5. plan a major in agriculture

### **Procedure:**

1. Submit to chapter advisor the completed application in an envelope addressed to the address above.
2. Chapter advisor must complete the confidential reference form (in a sealed envelope) and include it in the envelope with the application.
3. Attach a current photo of applicant fit for reproduction and publication and signed release form.
4. **Include** a current transcript of grades.
5. **Include** a typewritten statement, not to exceed 100 words, describing your participation in the promotion of agricultural safety.
6. The application packet must be received in the above address by the due date above.

### **Award:**

The winner will receive a certificate at the Montana State FFA Convention. A \$500 award will be available to the winner upon proof of registration at Montana State University – Bozeman. If the winner does not use the money, it will be awarded to an alternate.

**This award is funded through  
an endowment provided by Mr. Keilman  
with the Montana FFA Foundation.**

**Leroy Keilman Memorial Agricultural Safety Scholarship  
APPLICATION**

**PLEASE TYPE**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ (street) \_\_\_\_\_ (city & state) \_\_\_\_\_ (zip)

Phone: \_\_\_\_\_ Gender: M / F Date of birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Years in FFA: \_\_\_\_\_ Office(s) held: \_\_\_\_\_

Chapter: \_\_\_\_\_ Advisor(s): \_\_\_\_\_

Name of parents/guardians: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ (street) \_\_\_\_\_ (city & state) \_\_\_\_\_ (zip)

Father's occupation: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_

Number of dependent children living at home: \_\_\_\_\_ Their ages: \_\_\_\_\_

High school attended: \_\_\_\_\_ Year graduated: \_\_\_\_\_

Rank in class: \_\_\_\_\_ Size of class: \_\_\_\_\_ High School GPA (on a 4.0 scale): \_\_\_\_\_

Name of hometown newspaper: \_\_\_\_\_

Newspaper address: \_\_\_\_\_

Number of years of secondary ag ed classes completed: \_\_\_\_\_ Number of years in FFA: \_\_\_\_\_

**I. DESCRIBE YOUR CAREER OBJECTIVE:**

**II. SUPERVISED AGRICULTURAL EXPERIENCE**

Current SAE

Kind of Enterprise/ Job Title	Scope/Place of Employment	Percent owned by candidate	Hours worked

**III. FFA LEADERSHIP ACTIVITIES**

A. Offices held	Level of participation			Year(s)
	Chapter	District	State	

B. FFA Leadership Activities (Other than officer)	Chapter	Level of participation			Status or Ranking
		District	State	National	

**IV. NON-FFA LEADERSHIP ACTIVITIES**

Activity	Level of participation			Status or Ranking
	Local	State	National	


**V. FFA AWARDS AND RECOGNITION**

Activity	Level of participation			Ranking
	Local	State	National	

**Leroy Keilman Memorial Agricultural Safety Scholarship  
ADVISOR REFERENCE FORM**

NOTE: Advisor, please complete this reference form confidentially (place in a sealed envelope). Include it with the member's application and mail it to the state FFA office by the due date.

Member's Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

School Address: \_\_\_\_\_

1. What is the level of involvement of this member in the chapter activities? (Circle one)

low                      1                      2                      3                      4                      5                      high

2. What are the leadership skills of this member? (Circle one)

low                      1                      2                      3                      4                      5                      high

3. What is the work ethic of this member? (Circle one)

low                      1                      2                      3                      4                      5                      high

4. What progress has this member's SAE program shown? (Circle one)

low                      1                      2                      3                      4                      5                      high

5. What is the financial need of this member? (Circle one)

low                      1                      2                      3                      4                      5                      high

Why should this member be awarded this scholarship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Attach a current photo of applicant fit for reproduction and publication.

I hereby release the information and picture provided in this application to the Montana FFA Association and Montana FFA Foundation for publicity and/or website purposes.

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**Signature of Applicant**

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**Date**

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**Signature of Parent or Guardian**

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**Date**