

# The Barrett Rankin Memorial Scholarship Application Form

**\$5,000 Annual Award**

**Application Deadline: July 18, 2025, by 11:59 p.m. CT**

Submit completed application and all required documents to: RankinScholarship@fmc.com

## SECTION 1: PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_

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

City/Province/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

## SECTION 2: EDUCATION DETAILS

Current School (High School, CEGEP or Post-secondary): \_\_\_\_\_

Grade/Year of Study: \_\_\_\_\_ Grade Average Last Completed Year: \_\_\_\_\_

Program you plan to attend at the University of Saskatchewan - College of Agriculture and Bioresources: \_\_\_\_\_

Have you received an official letter of offer or acceptance from U of S?

☐ Yes (please attach a copy)

☐ No (please explain below)

## SECTION 3: ESSAY OR VIDEO SUBMISSION

Please choose one format and include it with your application:

☐ 500-word essay (PDF or Word format)

☐ 3 to 4-minute video (Via OneDrive or Google Drive link is best. If sending attachment, file can be no larger than 1080 file size)

## SECTION 4: COMMUNITY INVOLVEMENT

Please list your community, volunteer, or leadership activities. Include the name of the organization, your role, and the time period.  
(Attach additional sheet if needed.)

## SECTION 5: DO YOU HAVE LETTERS OF REFERENCE?

☐ Yes (please attach in pdf format) ☐ No (please explain below)

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## SECTION 6: CONSENT AND DECLARATION

- ☐ I confirm that all information provided is accurate and complete to the best of my knowledge.
- ☐ I have attached a copy of my letter of offer/acceptance to an eligible program.
- ☐ I agree to provide a headshot and participate in a virtual scholarship presentation, if selected.
- ☐ I consent to the use of my name, photo, province, institution and area of study in FMC promotional materials.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parental/Guardian Consent (Required if applicant is under 18 years of age)

I am the parent or legal guardian of the applicant named above. I confirm that I have read and understand the criteria of The Barrett Rankin Memorial Scholarship application. I consent to the applicant's participation, and I grant permission for FMC Canada to use the applicant's name, photograph, province of residence, institution and area of study in publications and communication materials related to The Barrett Rankin Memorial Scholarship program.

Parent/Guardian Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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