



PERSONAL INFORMATION

Full Name

Home Phone #

Home Address

Cell Phone #

Home Address (cont.)

Email Address

City

State

Zip

Student I.D. #

HIGH SCHOOL OR COLLEGE LAST ATTENDED

School Name

School Phone #

School Address

City

School Address (cont.)

State

Zip

UNIVERSITY OR COLLEGE WHERE SCHOLARSHIP WOULD BE USED

University / College Name

Scholarship Application for:

Freshman

Junior

Sophomore

Senior

Department Name

Anticipated Year of Graduation

Department Address

City

State

Zip

Expected Degree, Major and Option
(if applicable)

OTHER INFORMATION

Name of All Star member company sponsoring you

Name of contact person at member company

Are you employed by the member company?

Yes

No

Name of relative employed by member company

Relationship to relative named above

List other scholarships, honors or awards you have received.

List / outline your work experience.

List leadership positions held (youth, civic, academic, etc.).
Also include membership or participation in related professional activities or organizations.

OTHER INFORMATION (cont.)

Describe your career objectives including a statement of what stimulated your interest in dairy/beverage/food science. Describe any related activities in which you have participated, e.g., work experience, special projects, seminars, directed readings and/or undergraduate research. Add a separate document if needed for space.

Other information you wish to list more for our consideration:

List all courses not included in the transcript(s). Include Course#, Credit Hours, Course Title and Description.