



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

Department

Department Address

Department Head

Department Address (cont.)

Department Phone #

City

State

Zip

Scholarship Application for:

Freshman

Sophomore

Junior

Senior

Expected Degree, Major and Option (if applicable)

Anticipated Year of Graduation

## LOCAL PUBLICATIONS

Name & Address of your Hometown Newspaper

Name & Address of your College/University Newspaper

## OTHER INFORMATION

Name of Employer and/or Employee who is sponsoring you

Relationship to the Employer and/or Employee

How/where did you learn about this scholarship program?

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.