

Roy A. Wallace Beef Improvement Federation Memorial Scholarship Application

SCHOLARSHIP DEADLINE: April 1st, 2015

Please complete this document and send it as an attachment to jpcassad@gmail.com

To properly process your application the subject field of your email must say **"RAW Scholarship"**

If you have questions please contact Dr. Joe Cassady at (605) 651-7034

For which scholarship(s) are you applying: Undergraduate Graduate Student

Scholarships will be evaluated based on the following criteria: For office use only

Demonstrated Interest in Beef Cattle Improvement: ___/40 pts.

Scholarship: ___/20 pts.

Service to the Beef Industry: ___/30 pts.

Community involvement: ___/10 pts.

Total: _____/100 pts.

Current Address

Permanent address if different from current address

Name

Address

Address

City State Zip Code

City State Zip Code

E-mail

Home Phone <input style="width: 100px;" type="text"/>	Other Phone <input style="width: 100px;" type="text"/>	COUNTY	BIRTH DATE
Ex. phone number 9999999999			
HIGH SCHOOL GRADUATION DATE		HIGH SCHOOL GPA	
COLLEGE OR UNIVERSITY		MAJOR	
COLLEGE RANK <input style="width: 100px;" type="text"/>		Expected Graduation Date	
CURRENT GPA (Please enclose copy of transcript)		NUMBER OF COLLEGE SEMESTERS COMPLETED	

LIST THREE REFERENCES

Name	Address	Phone Number
1.		
2.		
3.		

Scholarships will be awarded during the annual Beef Improvement Federation Convention.

SCHOOL/COMMUNITY ACTIVITIES AND HONORS (Indicate years of participation)

Honor or Activity Name, Description, Office(s), etc.

Year		
Year		
Year		
Year		
Year		
Year		
Year		
Year		
Year		
Year		

INDUSTRY ACTIVITIES (Jr. Breed Associations, 4-H, FFA, BIF etc.)

Month/Year to Month/Year

Honor or Activity Name, Description, Office(s), etc.

WORK EXPERIENCE

Month/Year to Month/Year

Job Description

PERSONAL STATEMENT

Please provide information about your involvement in the beef industry, ambitions, goals, background and any other factors that may assist the committee in evaluating your eligibility. In addition, list all other scholarships that you will be receiving this academic year. **Please limit your response to one typed page.**

I affirm the information I have provided on this application is complete, accurate, and true to the best of my knowledge. I understand that furnishing false information may result in revocation of my scholarship.

Signed By _____

Date _____