

# OHIO CATTLEMEN'S FOUNDATION

## Scholarship Application

APPLICATION DEADLINE: October 31, 2018

<b>RETURN TO:</b> Ohio Cattlemen's Foundation 10600 U. S. Highway 42 Marysville, Ohio 43040	<b>PHONE:</b> (614) 873-6736  <b>EMAIL:</b> cattle@ohiocattle.org
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**For which scholarship(s) are you applying (Check all that apply):** All scholarships may be applied for by High School Seniors or College Students

- |  |  |
|--|--|
| <input type="checkbox"/> Tagged for Greatness Scholarship      | <input type="checkbox"/> Cattlemen's Country Club Scholarship* |
| <input type="checkbox"/> William Cleland Memorial Scholarship* | <input type="checkbox"/> Saltwell Expo Scholarship             |
| <input type="checkbox"/> Noah Cox Memorial Scholarship*        | <input type="checkbox"/> Cattlemen's Gala Scholarship          |

**\*Denotes scholarships eligible for application by students attending a 2 or 4 year program**

**Please note - applicants are only eligible to receive one (1) Ohio Cattlemen's Foundation scholarship per calendar year. Scholarships will be evaluated based on the following criteria:**

<b>FOR OFFICE USE ONLY</b>	•Family OCA Membership: ___/7 pts.	•GPA: ___/8 pts.
	•Activities (industry, extracurriculars, etc.): ___/20 pts.	•Work experiences: ___/15 pts.
	•Leadership experiences: ___/20 pts.	•Application & essay: ___/20 pts.
	•Future industry involvement: ___/10 pts.	•Total: ___/100 pts.

<b>NAME:</b>	<b>First</b>	<b>Middle</b>	<b>Last</b>	<b>Family is a current OCA Member</b>
				<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>ADDRESS:</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>CELL PHONE</b>	<b>EMAIL</b>	<b>COUNTY</b>	<b>BIRTH DATE</b>
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<b>PARENT/GUARDIAN NAMES AND ADDRESS</b>
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<b>HIGH SCHOOL GRADUATION DATE</b>	<b>HIGH SCHOOL GPA</b>
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<b>COLLEGE OR UNIVERSITY</b>	<b>MAJOR</b>
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<b>YEAR CURRENTLY ENROLLED</b>	<b>ESTIMATED COLLEGE GRAD. DATE</b>
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<b>CURRENT GPA</b> (Please enclose copy of transcript)	<b>NUMBER OF COLLEGE SEMESTERS COMPLETED</b>
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<b>LIST THREE REFERENCES</b>			
<b>Name</b>	<b>Cell Phone</b>	<b>Email</b>	<b>Relationship to Applicant</b>
1.			
2.			
3.			

Scholarships will be awarded during the annual Ohio Cattlemen's Association Annual Meeting in January.

**SCHOOL/COMMUNITY ACTIVITIES AND HONORS (check years of participation)**

**High School**

**College**

9th	10th	11th	12th	Fr.	So.	Jr.	Sr.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**INDUSTRY ACTIVITIES (Jr. Breed Associations, 4-H, FFA, 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_