

Beef Empire Days, Inc.

2017 SCHOLARSHIP APPLICATION

Name _____ Social Security # _____
First Middle Last

Home Address _____
Street City County State Zip

Date of Birth _____ Home Phone (____) _____ E-mail Address _____
Month Date Year

Parents' Names _____

Parents' Address _____
Street City County State Zip

High School and community activities: *(Please list organizations and offices held, club memberships, athletic, music and / or drama endeavors, etc.)*

(Use back of form or additional sheet if necessary)

High School _____ Graduation Date _____
Name Location Month Year

Cumulative High School Grade Average _____ Rank in Graduating Class _____ Number in Class _____

GED Score _____ College Major (if known) _____

BEEF EMPIRE DAYS SCHOLARSHIP TERMS:

- 1.) Applicant agrees to provide high school transcripts along with this application.
- 2.) Applicant must enroll in a minimum of 12 hours during the semester following receipt of the scholarship.
- 3.) Applicant agrees to provide a brief, no longer than one page, letter expressing future career goals and their relationship to the beef industry.

Applicant's Signature

BEEF Every Day!

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