

Application for Georgia Pollette Scholarship

Name: _____

Address: _____

Telephone: _____ Age: _____ Birthdate: _____

Parents or Guardians

Fathers Name: _____

Home Address: _____

Occupation: _____

Mothers Name: _____

Home Address: _____

Occupation: _____

Name of High School: _____ City: _____

Date of Graduation: _____

I have been accepted for attendance at:

College: _____ City: _____

I intend to/or am majoring in: _____

List School Extracurricular Activities: (use extra sheet if necessary)

Church and Community Activities: _____

List Agricultural Interests:(give brief explanation and length of time)_____

List offices held and other participation in Georgia Junior Hereford Association activities

Assistance Request: (give brief explanation of financial assistance needed)_____

I have been recommended by one of the following. List name and address.

A. County Agent_____

B. Club Advisor:_____

C. High School Principal:_____

Letter of Recommendation must accompany application, plus two other letters of recommendation from persons other than relatives.

This application must be accompanied with a high school transcript.

Please send completed application to the following address by June 1, 2006.

Diann Strickland
P. O. Box 128
Mershon, GA 31551

Signature:_____

Date:_____

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