

NORTH CAROLINA SIMMENTAL ASSOCIATION



JIM GRAHAM SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

FATHER LIVING: Y / N FATHER'S NAME: _____
OCCUPATION: _____

MOTHER LIVING: Y / N MOTHER'S NAME: _____
OCCUPATION: _____

EMPLOYER'S NAME: _____
EMPLOYER'S ADDRESS: _____

NUMBER OF BROTHERS & SISTERS LIVING AT HOME: _____
AGES: _____

WHAT SCHOOL ARE YOU ENROLLED IN OR PLAN TO ATTEND?

HAVE YOU BEEN ACCEPTED? _____

WHEN DO YOU PLAN TO ENTER? _____

WHAT WILL BE YOUR AREA OF STUDY? _____

NAME & AMOUNT OF OTHER SCHOLARSHIPS FOR WHICH YOU HAVE APPLIED:

NAME & AMOUNT OF OTHER SCHOLARSHIPS ALREADY GRANTED:

IF IN COLLEGE, WHAT YEAR: _____
AND WHICH YEAR YOU PLAN TO GRADUATE: _____

PLEASE GIVE THE FOLLOWING INFORMATION. (Use additional sheets if needed.)

1. SCHOOL ORGANIZATIONS AND OFFICES HELD:

2. COMMUNITY ACTIVITIES:

3. CHURCH AFFILIATIONS AND ACTIVITIES

4. ATHLETIC ACHIEVEMENTS:

5. LIST ANY TYPE OF SPECIAL AWARDS RECEIVED:

6. SPECIAL INTEREST OR HOBBIES:

7. SIMMENTAL RELATED ACTIVITIES OR OTHER CATTLE RELATED ACTIVITIES:
