Roy A. Wallace Beef Improvement Federation Memorial Scholarship Application

SCHOLARSHIP DEADLINE: April 1st, 11:59 pm CST

Please combine this document with the requested supporting materials and send it as a <u>single pdf attachment</u> to <u>megrolf@ksu.edu</u>. To properly process your application, the subject field of your email must say "**RAW Scholarship".** If you have questions, please consult the FAQ and then contact Dr. Rolf at megrolf@ksu.edu.

For which scholarship(s) are you applying:	Undergraduate	Graduate Student
Scholarships will be evaluated based on the fo		For office use only
Scholarship:/20 pts.		seef Industry:/30 pts.
School and 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 Other Phone	COUNTY	BIRTH DATE
Ex. phone number 999999999		
HIGH SCHOOL GRADUATION DATE	HIGH SCHOOL GPA	
COLLEGE OR UNIVERSITY	MAJOR	
COLLEGE RANK	Expected Graduation Date	
CURRENT GPA (Please enclose copy of transcript)	NUMBER OF COLLEGE SI	EMESTERS COMPLETED
LIST THREE REFERENCES Name Address		Phone Number
1.		
2.		
3.		
Scholarships will be awarded during the a	annual Beef Improvement Fede	eration Convention.

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

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

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 kn I understand that furnishing false information may result in revocation of my scholarship. I also understand that application is incomplete, does not conform to the requested format, or is received late, it may not be reviewe	t if my
Signed Date	