

## **Scholarship Guidelines**

- 1. Must be classified as a Senior and receiving High School Diploma in 2019.
- 2. Must be a member of 4-H or FFA and have shown a project in Deaf Smith County under HSLA for the past two years from application date.
- 3. Must complete a scholarship interview on **May 6, 2019**. Applicant will be contacted by phone with their interview appointment time.
- 4. Must submit a high school transcript.
- 5. Must be attending a 2 year college, 4 year university or an accredited trade school.
- 6. Scholarship Application Form and all required documents must be postmarked no later than **April 30, 2019**. All applications <u>must</u> be returned to:

Hereford Livestock Show Association Inc, PO Box 2556, Hereford, TX 79045.

7. Recipients will be announced at the HISD Senior Awards Ceremony.



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## Scholarship Application Form Postmark By April 30, 2019

(Submit this application, current transcript, and complete an interview)

Name: (As you want it on your college record)\_\_\_\_\_

Home Address :				
Mailing Address :				
Phone :	_ Email :			
Date of Birth :	_			
Father's Name :	Occupation:			
Mother's Name:	Occupation:			
Brothers or Sisters (Give names and ages of each)				
Career Plans				
Callege very also be attended				
College you plan to attend:				
Major you plan to pursue:				
Department in which your baccalaureate degree is offered:				
Have you been accepted by the college/university indicated above? YesNo				

Scores:	SAT	ACT0	GPA		
What is	preferred ca	reer choice?			
Why ha	ive you chose	en this career?			
Please	give short cor	ncise answers to th	ne following questions:		
	1.For what school?	reasons are you ap	oplying for this scholars	hip and why do you want to attend college or trade	
	2.Leadership outside HLSA projects				
	Year(S) part	<u>cicipation</u>	<u>Leadership</u>	Organization	

List Projects:					
<u>Year(s)</u>	Projects (Scope and Activities)				
Lists Awards and Achievements	s:				
	-				
Personal Narrative : (Limited to one page)					
Give information that you feel	you would like the scholarship committee to kno	OW.			
<u>Assurance</u>					
I/we affirm that the information contained in this scholarship application is correct to the best of my/our knowledge. I/we understand that the scholarship screening committee will review this information and that all information will remain confidential, except announcement of scholarship award and the recipient's name and high school attended and hereby grant permission for use in publications.					
STUDENT SIGNATURE:		DATE:			
PARENT SIGNATURE:		DATE:			