



SHASTA COUNTY CATTLEWOMEN SCHOLARSHIP APPLICATION



I. PERSONAL INFORMATION

Applicant Name: _____ DOB _____

Address: _____

Phone: _____ Gender: Male _____ Female _____

Father's Name: _____ Mother's Name: _____

Name and Address of Guardian (if other than parent): _____

II. ACADEMIC INFORMATION

Highschool/College name, Dates of attendance: _____

Name of college you plan to attend: _____

Will you be living on campus? Yes _____ No _____

Will you work while attending college? Yes _____ No _____

When do you plan to enroll? _____

Major: _____

Future Occupational Goals: _____

III. ACHIEVEMENTS AND ACTIVITIES – please attach additional pages if necessary

IV. WORK EXPERIENCE - please attach additional pages if necessary
