Oregon Sheep Growers Association

Scholarship Application Cover

Name: ____________________________  Age: ________

Home Address  ____________________________________________

________________________________________

Mailing Address (for check) ________________________________

________________________________________

Home phone ________________  School/cell phone ________________

Academic year applied for  ____________________________

Class standing during the next academic year:
[ ] Sophomore  [ ] Junior  [ ] Senior  [ ] Graduate Studies

Previous Education:

High School attended: ________________________________

Year graduated: __________

College/University: __________________________

Institution you will attend during the scholarship year

Major course studies: ________________________________

Declared Major: ________________________________