

Application for Georgia Pollette
Waunell Strickland Scholarship

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Age: _____ Birthdate: _____

Parents or Guardians

Fathers Name: _____

Address: _____

Occupation: _____

Mothers Name: _____

Address: _____

Occupation: _____

Schools

Name of High School: _____ City: _____

Date of Graduation: _____

I have been accepted for attendance at:

College: _____ City: _____

I intend to/ am majoring in: _____

List School Extracurricular Activities: (use extra sheet if necessary:

Church and Community Activities: _____

List Agriculture Interests: (give brief explanation and length of time involved) _____

List offices held and other participation in Georgia Junior Hereford Association: _____

Assistance Request: (give brief explanation of financial assistance needed) _____

I have been recommended by one of the following: (List name, address and attach letter of recommendation)

A. County Agent: _____

B. Club Advisor: _____

C. High School Principal: _____

Letter of Recommendation must accompany application, plus two more letters of recommendation from persons other than relatives.

This application must be accompanied with your high school transcript.

Please send completed application to the following address by June 1, 2011.

Angie McGinnis
2810 Macedonia Church Road
Danielsville, GA 30633

If you have any questions, please contact Angie at 706-795-2747

Signature: _____ Date: _____