



# Evelyn Garrett Scholarship Program

## Student Application

Please complete the application and attach a brief essay describing your plans for your education and the careers you are considering as well as your unique qualifications for this award. Deadline for application is February 1, 2011. Applications may be returned via mail to the ABA offices at PO Box 295 Benton City, WA 99320 or via email to [officemanager@AmericanBeefalo.org](mailto:officemanager@AmericanBeefalo.org)

### Applicant Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Academic Information

High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ on a \_\_\_\_\_ point scale

Reference 1 (teacher, coach, employer, etc): \_\_\_\_\_

Reference 2: \_\_\_\_\_ recommendations may be attached

Honors and Awards: \_\_\_\_\_ attach separate sheet if necessary

Extracurricular Activities: \_\_\_\_\_ attach separate sheet if necessary

### College or University Attending

College or University Name: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Degree Pursuing: \_\_\_\_\_

GPA: \_\_\_\_\_ if already attending

Please attach acceptance letter, certificate of enrollment, or current transcript to this application.

### Nominating Member

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Member Number: \_\_\_\_\_