



Yolo County Cattlemen and Wool Growers Association

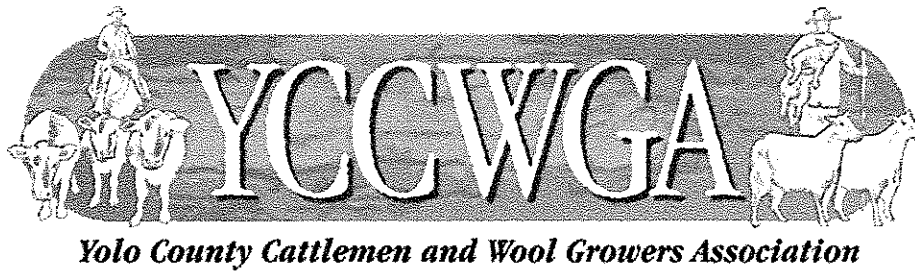
**YOLO COUNTY CATTLEMEN WOOL GROWERS ASSOCIATION
LIVESTOCK SCHOLARSHIP**

The Yolo County Cattlemen and Wool Growers Association is soliciting nominations for a \$500 scholarship to be awarded to a graduating senior, who has been involved in a livestock project in a Yolo County FFA chapter or 4-H Program. The scholarship will be presented at the awards ceremony either at the Yolo County Fair or Spring Show, depending on which organization has the winning recipient. Please duplicate and hand out the applications to any deserving applicants.

If you have any questions please contact me at (530) 756-2423 or jysheep@aol.com.

Sincerely,

Jim Yeager
Scholarship Chair
Yolo County Cattlemen and Wool Growers Association
Board of Directors



**YOLO COUNTY CATTLEMEN WOOL GROWERS ASSOCIATION
LIVESTOCK SCHOLARSHIP**

PURPOSE: TO PROVIDE FINANCIAL ASSISTANCE TO STUDENTS WHO WILL PURSUE A CAREER IN LIVESTOCK PRODUCTION OR A CLOSELY RELATED FIELD. GRADUATING HIGH SCHOOL SENIORS INVOLVED WITH 4-H AND FFA IN YOLO COUNTY ARE ELIGIBLE.

APPLICATION DEADLINE: APRIL 15

SCHOLARSHIP AWARD: \$500

NEEDED:

- 1. THIS COMPLETED APPLICATION TYPED OR DONE BY WORD PROCESSOR**
- 2. THREE CURRENT LETTERS OF RECOMMENDATION**
- 3. HIGH SCHOOL TRANSCRIPT**

ELIGIBILITY:

- 1. MUST BE A SENIOR IN HIGH SCHOOL**
- 2. MAINTAIN A MINIMUM 3.0 GPA**
- 3. VERIFICATION OF ACCEPTANCE INTO A COMMUNITY COLLEGE OR UNIVERSITY BEFORE MONEY WILL BE AWARDED**

NAME _____

ADDRESS _____

TELEPHONE _____

HIGH SCHOOL ATTENDED _____

4-H _____ **CLUB** _____ **FFA** _____ **CHAPTER** _____

COLLEGE MAJOR _____

ANSWER THE FOLLOWING QUESTIONS, USING A SEPARATE TYPED SHEET OF 8 1/2 x 11 PAPER TO ANSWER EACH QUESTION.

1. WHAT ARE YOUR CAREER PLANS?

2. ANSWER THE FOLLOWING QUESTION IN ESSAY FORMAT: "WHAT DO YOU FEEL WILL BE THE IMPORTANT ISSUES THAT THE LIVESTOCK INDUSTRY IN YOLO COUNTY WILL FACE IN THE FUTURE?"

REFERENCES:

LIST THE THREE INDIVIDUALS FROM WHOM YOU HAVE REQUESTED LETTERS OF RECOMMENDATION.

NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE

NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE

NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE

****INCOMPLETE OR LATE APPLICATIONS WILL NOT BE REVIEWED.****

SIGNATURE

DATE