



Arkansas State Sheep Council Scholarship Application

Name: _____ Age: _____

Address: _____

City, State, Zip Code: _____

County: _____ Telephone: _____

Parents' names: _____

Name of high school/college: _____

GPA: _____ Rank ____/____ ACT or SAT Score _____

Future Plans

Institution you will be attending: _____

Major: _____

Sheep-Related Activities

Activity	Total Years	Total head	Highest Awards
ASSC			
AJSC			
Breeding Sheep Exhibit			
Market Lamb Exhibit			
Raise Breeding Sheep			
Raise Market Sheep			
(others)			

Describe why you feel that you would be a worthy recipient of this scholarship.
Describe your future goals, and how you feel your experiences with sheep will help you be successful.

A large, empty rectangular box with a thin black border, intended for the applicant to write their response to the scholarship questions.

FFA or 4-H Advisor or school representative's statement

Explain why you feel this student should be considered for this scholarship.

Signature	title	date

I hereby certify that the above information is correct to the best of my knowledge.

_____/_____
Applicant *date*

_____/_____
Parent/Guardian *date*

(Please send this completed application and a current transcript by July 1 to:

Wanda Calloway
174 Calloway Rd
Hamburg, AR 71646