



Department of Agriculture

Scholarship Application

Department of Agriculture
Angelo State University
P.O. Box 10888, ASU Station
San Angelo, Texas 76909

SCHOLARSHIPS ARE AWARDED ON A ONE-YEAR ONLY BASIS. STUDENTS MUST REAPPLY EACH YEAR.
Exception: Those receiving the San Antonio \$10,000 Scholarship.

DEADLINE: MARCH 1 Complete scholarship applications must be postmarked by this date.

PERSONAL INFORMATION

Name of Applicant: Mr. or Ms. _____
First Middle Last

Email Address _____

Current Mailing Address _____
Number & Street, P.O. Box, or Rural Route

City State Zip Code

Permanent Home Address _____
Number & Street, P.O. Box, or Rural Route

City State Zip Code

Social Security Number _____ Telephone number () _____

Residency Texas Resident Resident of Another State

U.S. Citizen Yes No If No, identify country _____

Father or Male Guardian:

Mother or Female Guardian:

Name _____

Home Address _____

Employer _____

Position _____

Number of family members who reside in the household or who receive at least one-half of their support from the household.

Of the number in household, indicate the number of family members who will be enrolled in college, including yourself.

_____ ages _____

ACADEMIC INFORMATION

High School Attended _____

City, County, and State _____

Honors Classes _____

Rank in Senior Class _____ Number in Senior Class _____ Graduation Date _____

ACT Score _____ SAT1 Score _____

Verification by High School Official _____
Signature Title

Please attach an official high school transcript.

ACADEMIC HONORS, AWARDS, AND ACHIEVEMENTS

List academic honors, awards, and achievements received or obtained during high school.

EXTRACURRICULAR ACTIVITIES AND ACHIEVEMENTS

List accomplishments, positions of leadership, membership in organizations, and part-time jobs.

SPECIAL TALENTS OR ABILITIES

List any special talents or abilities you plan to use in extracurricular activities at Angelo State University.

AGRICULTURE BACKGROUND

Give an explanation of your agriculture background.

STATEMENT OF EDUCATIONAL PLANS, CAREER OBJECTIVES, AND PERSONAL GOALS

In the space provided, compose a concise narrative statement expressing your educational plans, career objectives, and personal goals.

REFERENCES AND SUPPORTING INFORMATION

List the names and addresses of the **three** references that you have requested to send **confidential** evaluations to support your application. It is **your sole responsibility** to have three confidential evaluation forms and other supporting information related to this application **sent directly to the university office**. **At least two** confidential evaluations forms must be submitted by teachers, counselors, or administrators connected with the school or institution where you are currently enrolled or have been enrolled.

<u>Name</u>	<u>Business Address</u>	<u>Title – School/Firm/Organization</u>
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