

# FINAL DRIVE SHOW SUPPLY

## Austin Hallsted Memorial Scholarship

### 2019 Application Form

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

FOR CORRESPONDENCE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HIGH SCHOOL/COLLEGE CURRENTLY ATTENDING: \_\_\_\_\_

COLLEGE PLANNING TO ATTEND/ATTENDING: \_\_\_\_\_

ACCEPTED (\_\_\_) YES (\_\_\_) NO MAJOR AREA OF STUDY: \_\_\_\_\_

OCCUPATIONAL INTERESTS UPON COLLEGE GRADUATION: \_\_\_\_\_

I'M PLANNING TO PAY FOR MY EDUCATION BY: (check all that apply) \_\_\_ SAVINGS \_\_\_ LOANS

\_\_\_ SCHOLARSHIPS \_\_\_ GRANTS \_\_\_ WORK WHILE IN SCHOOL \_\_\_ SUMMER JOB \_\_\_ PARENT HELP

I HOPE TO BE/AM INVOLVED IN THE FOLLOWING ACTIVITIES WHILE ATTENDING COLLEGE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF YEARS SPENT EXHIBITING LIVESTOCK: \_\_\_\_\_ 4H \_\_\_\_\_ FFA \_\_\_\_\_

NUMBER OF YEARS SPENT LIVESTOCK JUDGING: \_\_\_\_\_ 4H \_\_\_\_\_ FFA \_\_\_\_\_ COLLEGIATE \_\_\_\_\_

NAME OF CLUB/CHAPTER/TEAM: \_\_\_\_\_

CITY,STATE,COUNTY: \_\_\_\_\_