



***Agriculture Department or Meat Judging Team  
Scholarship Application***

SCHOLARSHIP APPLICATION: To be completed by the high school applicant (Graduating Senior) and his/her Chapter Advisor.

First section should be completed by the student applicant.

I. Personal Information

\_\_\_\_\_ Date submitted

1. Name \_\_\_\_\_  
Last First Middle

2. Social Security number \_\_\_\_\_

3. Age \_\_\_\_\_

4. Home Address \_\_\_\_\_

5. Home Phone \_\_\_\_\_

6. Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

7. Number of siblings and their ages: Brothers \_\_\_\_\_ Ages \_\_\_\_\_

Sisters \_\_\_\_\_ Ages \_\_\_\_\_

8. Area of Ag. Preference : 1. Agriculture Education \_\_\_\_\_

2. General Agriculture \_\_\_\_\_

3. Agri-Business \_\_\_\_\_

4. Animal Science/Pre Veterinarian \_\_\_\_\_

5. Plant Science \_\_\_\_\_

II. Extracurricular Activities

1. Briefly list your extracurricular activities below, including leadership positions.

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III. Judging Experience

1. Please list your current and previous FFA or 4-H judging experience. Please indicate any awards earned and the contest.

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IV. Personal Statement

1. Briefly describe your agriculture career goals, background, and any other information that would assist the committee in determining your eligibility for the Agriculture Department Scholarship.

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Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Please return all completed forms to:      Abilene Educational Center  
ATTN: Brandi Terry  
Agriculture Professor & Meats Team Coach  
717 E. Industrial Blvd.  
Abilene, TX 79602  
Phone: (325) 794-4400 Ext. 4455

***Scholarship applications are DUE to the Agriculture Department by May 1.***

***Students receiving the Agriculture Department Scholarship are required to accept the scholarship offer by June 1. Scholarships will be honored by the Cisco College Agriculture Department upon receipt of proof of enrollment.***

The Education Record of the application should be completed by the Chapter Advisor and mailed separately to the Abilene Educational Center at the address listed above.

III. Education Record

The personal evaluation of student applicant is to be completed by the 4H or FFA Chapter Advisor. The Chapter Advisor should mail this portion of the application to Abilene Educational Center ATTN: Brandi Terry at the address listed above. Please contact Brandi Terry by email: [brandi.terry@cisco.edu](mailto:brandi.terry@cisco.edu) or phone (325) 794-4455 to discuss evaluations if necessary. This will be used to get a better understanding of the overall character of the applicant.

Student Name \_\_\_\_\_ Chapter \_\_\_\_\_

Offices Held

YEAR	President	Vice President	Secretary	Treasurer	Parliamentarian	Sentinel	Reporter
<i>Senior</i>							
<i>Junior</i>							
<i>Sophomore</i>							
<i>Freshman</i>							

Participation

	Superior	Excellent	Good	Fair	Did not participate
Leadership Contest					
Judging Contest					
Supervised Farming					

List award earned

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Personal Evaluation (if desired)

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Date \_\_\_\_\_ Signature \_\_\_\_\_