Don White
Dairy Scholarship
Application

Name_____
Last First Middle

Home Address_____
Number and Street

_____
City or Town State Zip

_____
Home Telephone Number Date of Birth

Number of years showing (Dairy) at the Indiana County Fair _____

Institution and Course Information

Name of Institution_____ Starting Date_____

Address_____

Course Title and number _____

Description of course(from institution catalogue and attach copy of curriculum)_____

_____

I declare that all statements herein are complete and correct to the best of my knowledge.

Applicant's signature_____ Date_____

Remeber to include your 300 word statement

**********Official use only**********
scholarship committee only

____ Recommended ____ Not Recommended

Reasons_____

_____

Signature_____ Date_____