Licking County Cattlemen's Association College Scholarship

Guidelines and Application

The Licking County Cattlemen's Association College Scholarship, in the amount of \$1,000 is awarded by the Licking County Cattlemen's Association (LCCA). All applicants must adhere to the following guidelines:

1.	Applicant must be a high school senior and resident of Licking County for a period of at
	least one year. The applicant or their parents should be members of the LCCA.

2. Applicant must be preparing to enroll in their first year of education beyond high school.

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Select the pursuing ye		•	n the list belo	w which b	est describe	es your cur	rent plans t	for
	,	n to pursuree or ce	ıe a two-year rtificate.	, junior co	llege or voca	ational/tech	nnical scho	ol
	,		d a 4-year co 4-year colleg	•	•	•	ge and	

- Applicant must complete the following application. The application must be typed or written legibly in ink to be accepted. Applicant must attach a grade transcript with ACT and/or SAT scores to the application. All information will be held in the strictest confidence.
- 4. Applicant must have completed and exhibited a market beef (including dairy feeder) and / or breeding beef project for at least two years at the Hartford Fair. The beef projects must have been completed either through 4-H and/or FFA.
- 5. Application must be returned to: LCCA, c/o OSU Extension Licking County, 771 E. Main Street, Suite 103, Newark, OH 43055 no later than March 1st.
- 6. Selection is based on financial need, extracurricular activities, and academic achievement without regard to race, color, religion, national origin, sex or condition of disability. All applications will be screened by the LCCA Scholarship Committee. The decision of the Committee is final, and a decision may be made not to award a scholarship. A scholarship certificate will be presented to the recipient at the LCCA annual banquet. Check will be given after the Licking County Cattlemen's Association Scholarship Committee has received verification of college acceptance.

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Application

Name:	Phone Nu	ımber:	
Address:			
City:	State:	Zip:	
Age on January 1, 2020:	Date of Birth:/	/ Sex:	MF
Planned Major Course of Study:			
Parent's Name(s):			
Parent's Occupation(s):			
Name(s)/Age(s) of Siblings at Home	and/or in College:		
		Number in Co	ollege:
High School:		G	PA:
Class Rank: SAT Comp	osite Score:	_ ACT Composite S	Score:
High School Curriculum: College	ege Prep	nal 🗌 General	
We certify that the above information is	correct.		
High School Principal:		Date:	
~ or ~			
High School Guidance Counselor:		Date:	

FFA Work

A. Supervised Agricultural Experience Program (SAE): Describe the type and scope of each enterprise that became a part of your SAE program while in FFA. Depending on the nature of each enterprise, the terms used to describe scope may include hours worked (paid & unpaid), number of acres, head of livestock, gross earnings, etc.

Job Title	Type of Work/Enterprise	Size/Scope	% Ownership
	Job Title	Job Title Type of Work/Enterprise	Job Title Type of Work/Enterprise Size/Scope

B. Leadership Activities: List a minimum of six/maximum of eight major FFA activities and the level of participation in each (office held, committee assignments, awards, contest, etc.). List one entry per line.

Activity	Local / Chapter	Area / District	State	National
Note: List beef projects first, then additional livestock	projects only.			

4-H Work

Major 4-H H	lonors: Inclu	ıde awards	, recogniti	on and sou	ırces of pr	ide and s	elf-esteem
Major 4-H H	onors: Inclu	ıde awards	, recogniti	on and sou	ırces of pr	ide and s	elf-esteem
Major 4-H H	onors: Inclu	ıde awards	, recogniti	on and sou	ırces of pr	ide and s	elf-esteem
Major 4-H H	onors: Inclu	ıde awards	, recogniti	on and sou	ırces of pr	ide and s	elf-esteem
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Major 4-H H	lonors: Inclu	ide awards	, recogniti	on and sou	irces of pr	ide and s	elf-esteem

School Activities

Organizations	# of Years	Duties or Office(s) Held

Non-School Activities

Organizations	# of Years	Duties or Office(s) Held

List other activities, honors and/or awards not mentioned above which more fully describe past achievements.					
Describe any special family problems, su	uch as illness, indebtedness, etc.				
Place of Employment (if applicable):					
Weekly Income:	Length of Time Employed:				
Average Number of Hours Worked per W	/eek:				
Family Adjusted Gross Income:	(From Most Recent Tax Return)				
Contributions Toward College of Relative	es not Living in the Home:				
STATEMENT BY APPLICANT					
I have personally prepared this application a	and certify that it accurately reflects my work.				
Applicant's Signature	 Date				
Applicant a dignature	Date				

Attach the following to this application:

- High school transcripts
- ACT and/or SAT scores