

CALIFORNIA CATTLE WOMEN, INC.

Affiliate of California Cattlemen's Association
Heritage Foundation, Non-Profit 501C3 ID # 68-0464603

CALIFORNIA CATTLEWOMEN MEMORIAL SCHOLARSHIP APPLICATION

Student's Name: _____

School Attending: _____

School Address: _____

Permanent Address: _____

Email: _____

Phone (for Scholarship contact): School _____ Home _____

Year in School: Age: Year _____ DOB _____ AGE _____

Major: _____

University G.P.A.: {include documentation} _____

List of Educational and Career Goals: _____

Add additional pages as necessary

CCW Memorial Scholarship

(Use additional paper, if needed)

List Beef Background/Experience:

List all Beef Activities and Honors Achieved:

In 100 words or less describe your vision for the future of the beef industry:

Please email completed application to the CCW local contact for your University (See CCW Memorial Scholarship Criteria) click on link. By April 1st. Also provide your University Scholarship Advisor with a copy.