# PLUMAS-SIERRA CATTLEMEN ASSOCIATION SCHOLARSHIP APPLICATION

NAME

Last First Middle

PHYSICAL ADDRESS

Where you reside

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_

 TELEPHONE HOME \_\_\_\_\_\_\_ STUDENT CELL \_

 COUNTY STUDENT EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIGH SCHOOL GRADUATION DATE

Name and Town Month/Year

COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND

MAJOR SUBJECT TO BE STUDIED

FOR WHAT BUSINESS OR PROFESSION ARE YOU PREPARING?

NAME FATHER OR GUARDIAN

 FATHER ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FATHER OCCUPATION:

NAME MOTHER OR GUARDIAN

 MOTHER ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MOTHER OCCUPATION: \_\_

SIGNATURES:

STUDENT SIGNATURE: DATE

(NOTE: Signature verifies that all the above information is true and correct)

PARENT/GUARDIAN SIGNATURE: DATE

(NOTE: signature authorizes release of transcript and information on the application for review by scholarship committee.)

APPLICATION MUST BE **EMAILED** ON OR BEFORE MAY 1, 2025 at 5:00 pm

**RETURN APPLICATION VIA EMAIL:** **tkschohr@ucanr.edu**

# NO LATE APPLICATION WILL BE ACCEPTED