

TRANSFER STUDENT

Magowan Agriculture/Range Unit Scholarship Application

(Applications must be typed with correct grammar, spelling and punctuation. Information and data must be valid.)

Date: _____

Name: _____

Student ID #: _____

Permanent Address _____ Telephone (____) _____

City _____ County _____ State _____ ZIP _____

Local Address _____ Telephone (____) _____

City _____ County _____ State _____ ZIP _____

Cell Phone (____) _____

Chadron State College Degree Major(s) _____

Chadron State College Degree Minor(s) _____

Name of Present College: _____

Current Major _____

High School Organizational Activity in Agriculture: _____

College Organizational Activity in Agriculture: _____

ACT or SAT score and/or Rank in Class: _____

College GPA: _____

Please explain your career goals in detail: _____

Mail Completed Application to: Chadron State College, Attn: Chuck Butterfield, 1000 Main Street, Chadron, NE 69337.