

SOPHOMORE STUDENT
Stickney 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) _____

High School and College GPA: _____

ACT Comp. Score: _____

High School Organizational Activity in Agriculture: _____

High School Honors/Awards Received: _____

College Organizational Activity in Agriculture: _____

College Honors/Awards Received: _____

Membership in Professional Organizations: _____

Name of CSC Faculty Advisor: _____

