

**PLUMAS-SIERRA CATTLEMEN ASSOCIATION**  
**SCHOLARSHIP APPLICATION**

NAME \_\_\_\_\_  
                         Last  First  Middle

PHYSICAL ADDRESS \_\_\_\_\_  
   Where you reside

MAILING ADDRESS \_\_\_\_\_ TELEPHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

COUNTY \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
                         Month        Day        Year                                  City and State

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? \_\_\_\_\_

PRESENT AND PAST EMPLOYMENT AND APPROXIMATE DATES OF SUCH \_\_\_\_\_

DO YOU EXPECT TO WORK THE FIRST YEAR WHILE ATTENDING COLLEGE? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME & ADDRESS OF FATHER OR GUARDIAN \_\_\_\_\_

\_\_\_\_\_  
   OCCUPATION \_\_\_\_\_

NAME & ADDRESS OF MOTHER OR GUARDIAN \_\_\_\_\_

\_\_\_\_\_  
   OCCUPATION \_\_\_\_\_

NUMBER OF BROTHERS AND SISTERS LIVING AT HOME \_\_\_\_\_

**SIGNATURES:**

STUDENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Signature verifies that all of 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 POSTMARKED ON OR BEFORE  
APRIL 25, 2019**

**RETURN APPLICATION TO:**

*Peggy Corbett, PO Box 156, Portola, CA 96122*

**NO LATE APPLICATION WILL BE ACCEPTED**