## The Ohio Holstein Women Scholarship

Name:				
Address (Home)				
City	_ State	Zip		
Phone Number	Date of	Birth		
Social Security Number				
Parents Name(s)				
Date of High School Graduation: M	Ionth		Year	
High School Attended				
Address of High School				
Are you a resident of Ohio? Yes_	No			
Were you active in a youth organi	zation such	as 4-H, FFA, o	or FHA? Yes	No
If so, which organization and for h	ow many yo	ears?		
Name of College or University whi	ich you are a	attending		
Address of College or University _				
College phone number				
Name of academic counselor				
How many quarters/semesters ha	ive you succ	cessfully com	pleted as of t	his date?
What is your cumulative grade po	int average	to date?		
What is your major area of study?				_
Are you presently in good academ No_	ic/disciplin	ary standing	at your colle	ge? Yes
If no, Why?				

References: List three references (other than family members) and their phone numbers. Additional pages may be used for comments.

1. Name	
Occupation	
Address	
City	State Zip
Home Phone	Work Phone
2. Name	
Occupation	
Address	
City	State Zip
Home Phone	Work Phone
Comments:	
3. Name	
Occupation	
Address	

City	State	Zip	_
Home Phone	Work	Phone	<u>.</u>
Comments:			
Required Materials: Add	ditional nages ma		
-		-	
Step 1: Please enclose a self-addressed envelope			You may enclose a
Step 2: Discuss and list	your experiences	on the farm:	
			_
			-
			-
			-
Step 3: List your experience.			itional work
			-
			-
			-
Step 4: Personal Recogr	nition.		-
			_
			-

Step 5: Please complete the following essay. Additional pages may be attached.
How do you personally plan to contribute to agriculture or the dairy industry in th future?
<del></del>
<del></del>
<del></del>
I affirm that the information reported on this application is accurate and true to the best of my knowledge.
Date:
Signature:

## **Application Due: February.14, 2025**

Return to: Ohio Holstein Women P.O. Box 479 Wooster, OH 44691 oholstein@sssnet.com