

KERN COUNTY WOOL GROWERS AUXILIARY

The Bo-Peeps

SCHOLARSHIP APPLICATION

APPLICANT

DATA Last Name _____ First _____ Middle Initial _____
Mailing Address _____ Apartment # _____
City _____ State _____ Zip Code _____
Phone (_____) _____ Date of Birth _____
Place of Birth _____

FAMILY

INFORMATION Parent/Guardian Last Name _____ First _____
Address _____
Relationship to Applicant _____ Phone (_____) _____
Number in Family _____ Brothers _____ Sisters _____

HIGH

SCHOOL Currently enrolled in Senior Year: Yes _____ No _____
INFORMATION School Name _____ Graduation Date _____
City _____ Phone (_____) _____

COLLEGE/

UNIVERSITY Currently enrolled in College/University: Yes _____ No _____
INFORMATION School Name _____
(Attending or will attend) City _____ State _____
Proposed Major _____

MAIL TO: Kern County Wool Growers Auxiliary
Attention Scholarship Committee
P O Box 80715
Bakersfield, CA 93380-0715

APPLICATION DEADLINE: APRIL 17, 2019

AGRICULTURE

BACKGROUND 4-H Member: Yes _____ No _____ Number of Years _____

Club Name _____

FFA Member: Yes _____ No _____ Number of Years _____

Club Name _____

Farm Background: Yes _____ No _____ Number of Years _____

Type of farm work _____

EXTRA-CURRICULAR

ACTIVITIES

COMMUNITY

SERVICE

Signature _____ Date _____

Revised 2/12/2018

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