

SCHOLARSHIP APPLICATION
AMERICAN SHROPSHIRE REGISTRY ASSOCIATION

Please type or print

Name _____
(Last Name) *(First Name)* *(M.I.)*

Home Address _____
(Street or R.R.) *(City)* *(State)* *(Zip Code)*

Phone Number (_____) _____ E-mail address _____

Name of Parent or Guardian _____

Name of High School _____ Date of Graduation _____

Name of College _____

High School G.P.A. _____ College G.P.A. _____

What curriculum do you plan to follow in College? _____

List awards and honors (describe) received for school work. _____

List clubs and school activities (including offices held) in which you have participated.

List clubs and activities outside of school (4-H, etc. including offices held) in which you have participated.

**SCHOLARSHIP REFERENCE FORM
AMERICAN SHROPSHIRE REGISTRY ASSOCIATION**

Name of Applicant _____

Name of Evaluator _____ Phone Number (____) _____

E-mail address of Evaluator _____

Address of Evaluator _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please comment on the applicant's scholastic aptitude, leadership skills, involvement with extra-curricular activities and involvement with the sheep industry.

PLEASE FORWARD BY JUNE 1 TO:

Mark A. McCabe, President
American Shropshire Registry Association
5154 Nickelson Road
Prospect, Ohio 43342