



Scholarship Form

Type or print all information except for signatures. If space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application. Do not repeat information already reported on the application form. Application postmark deadline April 30 of application year.

APPLICANT DATA

NAME Last _____ First _____ Middle Initial _____

Preferred first name if different from above _____

Permanent Mailing Address Number _____ Street _____ Apt. # _____
 City _____ State _____ Zip Code _____

DATE OF BIRTH Month _____ Day _____ Year _____ Phone(____) _____

Social Security Number _____

GLANBIA PATRON PARENT OR GUARDIAN INFORMATION

NAME Last _____ First _____ Middle Initial _____

Job Title _____

Name of Dairy _____

Relationship to Applicant _____ Social Security Number _____

HIGH SCHOOL DATA

School Name _____ Graduation Date: Month _____ Year _____

Address Street _____ City _____ State _____ Zip _____

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College
 Vocational-Technical School Other, explain _____

Major or course of study _____ Anticipated date of graduation _____ month/year

Student will live on campus live off campus commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

ESSAY (REQUIRED) Submit a one page type written essay explaining your career and educational objectives. Your essay will be reviewed by the Selection Committee, and will be one of the most important factors in the evaluation of your application.

ACTIVITIES, LEADERSHIP, AWARDS AND HONORS List all school activities in which you have participated during the past four years (e.g. student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g. Boy/Girl Scouts, hospital volunteer, Special Olympics). Indicate all special awards, honors and offices held.

Activity					Special Awards, Honors	Leadership Positions/ Office Held				
	9	10	11	12			9	10	11	12

WORK EXPERIENCE Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job.

Company /Position	From-Mo/Yr	To-Mo/Yr	Hours per Week	Amount Earned

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well. You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant; or, photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a post-secondary educational program is:	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments _____

Appraiser's Name _____ Title _____ Telephone Number (_____) _____

Signature _____ Date _____

Appraiser's Business Address Street _____ City _____ State _____ Zip _____

TRANSCRIPT INFORMATION (REQUIRED)

You must include a current high school transcript of grades and have the following section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____ Cumulative grade point average _____ /4.0 scale

PSAT Verbal _____ Math _____ SAT Verbal _____ Math _____ ACT English _____ Math _____

School Official's Signature _____ Date _____ Title _____ Telephone Number(_____) _____

School Official's Address Street _____ City _____ State _____ Zip _____

OTHER AWARDS

Please list below the name and amount of any grants or scholarships you have been awarded for the coming year.

Name of Award:	Amount:	Check One:	
_____	\$ _____	<input type="checkbox"/> Granted	<input type="checkbox"/> Pending
_____	\$ _____	<input type="checkbox"/> Granted	<input type="checkbox"/> Pending

APPLICATION CHECKLIST

This application for a scholarship becomes complete and valid only when you have returned all of the following materials:

- Essay
- Student Application
- Current Transcript(s) of grades to:

Glanbia Foods, Inc.
1373 Fillmore St.
Twin Falls, ID 83301

The student is responsible for submitting all materials to Glanbia on time.
Postmark Deadline April 30 of application year.

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of Glanbia Foods, Inc.

Applicants Signature _____ Date _____

Patron's Signature _____ Date _____