

MODESTO JUNIOR COLLEGE

DAIRY SCHOLARSHIP APPLICATION

# SPONSORED BY:

## Hal Carlton - MJC Dairy Science Scholarship

## CALIFORNIA DAIRY INDUSTRY ASSOCIATION

* **STANISLAUS HOLSTEIN BREEDERS ASSOCIATION**
* **Emil Regusci Scholarship**
* **OTHER DAIRY SCHOLARSHIPS AS AVAILABLE**

### PLEASE TYPE

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| NAME: | |  | | | | | | | | | | | | |
| ADDRESS: | | |  | | | | | | | | | | | |
| CITY: |  | | | | | | | STATE: |  | | | ZIP CODE: | |  |
| TELEPHONE: | | | | Home: | |  | | | | Message: | |  | | |
| HIGH SCHOOL: | | | | |  | | | | | | | GPA: |  | |
| COLLEGE: | | |  | | | | | | | | | GPA: |  | |
| GRADE LEVEL: | | | | |  | | UNITS COMPLETED: | | | |  | W#: |  | |

**ADDITIONAL DOCUMENTATION**:   
PLEASE ATTACH A TYPED RESUME AND AN UNOFFICIAL TRANSCRIPT   
TO THIS APPLICATION.

**APPLICATIONS SHOULD BE MAILED OR DELIVERED TO:**

#### MRS. NICOLE MORRIS

MODESTO JUNIOR COLLEGE AGRICULTURE DEPARTMENT

435 COLLEGE AVENUE • MODESTO, CA 95350

PHONE: (209) 575-6053

##### EDUCATION: PLEASE LIST THE HIGH SCHOOLS AND COLLEGES ATTENDED

##### WITH DATES OF ATTENDANCE AND GRADUATION AND

##### GRADUATION LEVEL IF APPLICABLE.

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##### EDUCATIONAL GOALS: PLEASE EXPLAIN YOUR EDUCATIONAL PLANS AND

##### GOALS: INCLUDE COLLEGES YOU PLAN TO ATTEND

##### AND DEGREE(S) YOU ARE WORKING TOWARD.

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CAREER GOALS: PLEASE IDENTIFY THE LONG-TERM CAREER GOAL FOR

WHICH YOU ARE PREPARING.

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## ACTIVITIES: LIST ANY SPECIAL ACTIVITIES THAT YOU PARTICIPATED IN

INCLUDING CLUBS, SOCIETIES, CHURCH, ATHLETICS,

GOVERNMENT OR CAMPUS ORGANIZATIONS. (PLEASE INCLUDE

ANY OFFICES HELD, ETC.)

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|  | COLLEGE: | |
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|  | COMMUNITY: | |
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HONORS: PLEASE LIST ANY ACADEMIC, SCHOLARSHIP, CITIZENSHIP OR OTHER

HONORS YOU RECEIVED IN HIGH SCHOOL, JUNIOR COLLEGE, OR

COLLEGE

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## SKILLS AND EXPERIENCES: LIST YOUR EMPLOYMENT HISTORY INCLUDING

POSITIONS HELD AND YEARS: EXPLAIN YOUR

CURRENT WORK EXPERIENCE PROGRAM (JOB) AND

LEVEL OF SKILL COMPETENCY.

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| **DAIRY CLASSES TAKEN**: LIST ANY DAIRY CLASSES YOU HAVE TAKEN. GIVE  THE CLASS NUMBER, CLASS NAME AND A BRIEF DESCRIPTION OF WHAT KNOWLEDGE / EXPERIENCE YOU VALUE FROM EACH CLASS:   |  | | --- | |  | |  | |  | |  | |  | |  | | |

**REFERENCES**: PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER OF THREE PERSONS WHO HAVE AGREED TO BE YOUR REFERENCES AND THEIR RELATIONSHIP TO YOU.

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| NAME | ADDRESS | PHONE | RELATIONSHIP |
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