

2020 UNIVERSITY APPLICATION

Epic Talent for the Food Industry Scholarship

APPLICATION DEADLINE: Submit by September 15, 2020

In a single PDF file, submit the following documents to scholarships@foodnw.org.

Application
Transcripts
Letters of Recommendation

Career Plans Essay
Proof of Enrollment

Make the email subject line "ERI SCHOLARSHIP"

PERSONAL INFORMATION Student/Applicant Name

Student/Applicant Name _______

Permanent Mailing Address ______

Phone Number _____ Email Address ______

Student Mailing Address _______

Date of Birth ______ Male ____ Female

EDUCATIONAL INFORMATION

University	
Date of Enrollment	
Expected Date of Graduation	_
Major Course of Study	
For what occupation are you preparing?	

GRADES AND ACADEMICS

3PA	
	GPA

List high school, community/junior college, other college(s), trade/vocational schools attended – including your present school.

School Name	City/State	Major	Dates Attended	GPA
High School				
College				
College				
Trade/Vocational				
Trade/Vocational				

WORK EXPERIENCE Describe the work experience or internships that you have had related to food manufacturing or agribusiness. Attach an additional sheet to this application if needed.
EXTRACURRICULAR ACTIVITIES
Describe any activities in which you have participated during the past five years without compensation (volunteer work, church, sports, school).

List any honors and awards you have received.

FINANCIAL NEED		
Will you work while attending school?	Yes	No
Please describe any family or personal circur	mstances that v	warrant special consideration.
LETTERS OF RECOMMENDATION		
Two (2) letters of recommendation from per Please provide the names and telephone nu		ed to the applicant must be submitted.
Name		
Occupation	Relation t	o applicant
Name	Phone	
Occupation	Relation t	o applicant
CAREER PLANS - Required for complet	ted application	<u>n</u>
Please attach and submit with this application	d	faccional alamate after interest and a second
and your plans to pursue a career in food pr		, ,

Signature of Applicant ______ Date ____

Please type your full name below to e-sign this document.