



# Oxbow Scholarship Program

## 2019 Application: Nebraska High School Scholarship

This completed application with your résumé, letters of reference, and essay must be postmarked no later than March 2, 2019.

**Oxbow Animal Health · Nebraska H.S. Scholarship · 11902 S. 150th St. · Omaha, NE 68138**

All unsolicited material including photos, cover sheets and folders, will be discarded.

Incomplete and late submissions will be disqualified.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Grade Point Average \_\_\_\_\_

ACT Cumulative score \_\_\_\_\_

SAT Cumulative score \_\_\_\_\_

Class Rank \_\_\_\_\_ (out of) \_\_\_\_\_

Current School Attending \_\_\_\_\_

Expected undergraduate course of study:

- Animal Science     Life Science     Veterinary Science     Veterinary Technology     Other \_\_\_\_\_

Yes    No

I will be enrolled as a full-time student in the Fall of 2019 at a US-based institution.

I currently work a part-time job. Average hours per week: \_\_\_\_\_

I currently volunteer on a regular basis. Average hours per month: \_\_\_\_\_

Please indicate the activities in which you have participated:

<b>Clubs and Extracurricular</b>	<b>Volunteer Participation</b>	<b>Work Experience</b>
<input type="checkbox"/> 4-H Club	<input type="checkbox"/> Veterinary Hospital	<input type="checkbox"/> Veterinary Hospital
<input type="checkbox"/> National FFA Organization	<input type="checkbox"/> Wildlife Sanctuary	<input type="checkbox"/> Wildlife Sanctuary
<input type="checkbox"/> State Fair Participant	<input type="checkbox"/> Animal Shelter (ASPCA, etc)	<input type="checkbox"/> Animal Shelter/Rescue
<input type="checkbox"/> National Honor Society	<input type="checkbox"/> Animal Rescue Organization	<input type="checkbox"/> Pet Store
<input type="checkbox"/> Science Club	<input type="checkbox"/> Pet Store	<input type="checkbox"/> Farm
<input type="checkbox"/> Sports	<input type="checkbox"/> Zoo	<input type="checkbox"/> Zoo
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

High School Advisor Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that all information provided in this application is true and correct. I further agree that if I withdraw from school, transfer, or if I am no longer a full-time student during the designated school year, the unused balance is forfeitable and I must notify Oxbow Animal Health in Omaha, Nebraska, within 30 days.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Interactive application can be completed and printed at [www.oxbowanimalhealth.com](http://www.oxbowanimalhealth.com) Please print a copy for your records as data fields cannot be saved.)*

**Oxbow Animal Health · Omaha, Nebraska · [www.oxbowanimalhealth.com](http://www.oxbowanimalhealth.com)**