



Agribusiness Association
BILL GORDON SCHOLARSHIP APPLICATION

(Please print or Type)

NAME: MR. _____
MS. _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____
(Include area code)

NAME OF PARENT/GUARDIAN: _____

ADDRESS OF PARENT/GUARDIAN IF DIFFERENT FROM YOURS: _____

PHONE: _____
(Include area code)

HIGH SCHOOL ATTENDED: _____

TOWN: _____

COLLEGE OF ENROLLMENT: _____

COURSE OF STUDY IN WHICH YOU ARE ENROLLED: _____

WHAT IS YOUR GRADE POINT AVERAGE? _____

HOW MANY QUARTERS/SEMESTERS HAVE YOU COMPLETED? _____

ACTIVITIES: (List awards, offices held, etc.; attach extra pages if needed) _____

WHAT TYPE OF CAREER ARE YOU PREPARING FOR? _____

PLEASE HAVE AT LEAST ONE INSTRUCTOR, ADVISOR OR COUNSELOR THAT IS FAMILIAR WITH YOUR PERSONAL QUALIFICATIONS WRITE A LETTER OF REFERENCE.

SEND THIS APPLICATION AND THE LETTER(S) TO:

**GARY LEEPER
3030 West 81st Avenue
Westminster, CO 80031-4111**