



Oxbow Scholarship Program

2018 Application: Nebraska High School Scholarship

This completed application with your résumé, letters of reference, and essay must be postmarked no later than March 2, 2018.

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 2018.
- 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:

Clubs and Extracurricular	Volunteer Participation	Work Experience
<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 Murdock, Nebraska, within 30 days.

Applicant Signature _____ Date _____

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

Oxbow Animal Health · Omaha, Nebraska · www.oxbowanimalhealth.com