



Northwest Cotton Growers Coop Gin Scholarship Application PO Box 300 Moscow, KS 67952 (620)598-2008

Name:		Date of Birth:			
Address:	Phone:				
		County:_			
Name of Parent(s)/G	uardian(s):				
Name of High School	ol:		Male	or Female	
Address:		Phone: _			
Rank in class:	out of	Grade Po	oint Ave	erage	
SAT/ACT Test Scor	e: Do you	ı plan on being full	time stu	ident next fall?	
College you plan to	attend:			·	
Major Field of study	·				
Briefly name and de	scribe school/no	n-school activities	and invo	olvement:	
Briefly explain the skill	s you have develop lans are in five yea	ped and how they rela	te to you	l leadership experience. r future goals. Please include larship committee should	
Please provide a written	reference from a t	eacher or school admi	nistrator	with this application.	
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Please return this application along with your essay and letter of reference to:

Northwest Cotton Growers Coop Gin Attn: Scholarship Committee PO Box 300 Moscow, KS 67952

Application deadline: April 30th