TRANSFER STUDENT Magowan Agriculture/Range Unit Scholarship Application (Applications must be typed with correct grammar, spelling and punctuation. Information and data must be valid.)

Date:			
Name:			
Student ID #:			
Permanent Address		Telephone ()	
City	County	State	ZIP
Local Address		Telepho	one ()
City	County	State	ZIP
Cell Phone ()			
Chadron State College Degre	e Major(s)		
Chadron State College Degre	e Minor(s)		
Name of Present College:			
Current Major			
High School Organizational A	ctivity in Agriculture:		
College Organizational Activit	y in Agriculture:		
ACT or SAT score and/or Rar	nk in Class:		
College GPA:			
Please explain your career go	oals in detail:		

Mail Completed Application to: Chadron State College, Attn: Teresa Frink, 1000 Main Street, Chadron, NE 69337.