

Robert “Buddy” Elledge Memorial Scholarship

Please mail to:

Donna Ede

#7 El Norte Circle

Uvalde, Tx. 78801

Deadline: Must be received by
Monday December 2, 2019

Robert "Buddy" Elledge Memorial Scholarship

Name: _____

Address: _____

(Street or Route)

City

Zip Code

Gender: _____

Male

Female

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Name of Parents/Guardians: _____

Name of School Attending: _____

GPA: _____ Rank in Graduating Class: _____ # in Graduating Class: _____

SAT Score: Overall: _____ Math: _____ Verbal: ___ Writing: ___

ACT Score: _____

Have you applied to secondary or vocation school: _____ Where: _____

Have you been accepted to a secondary institution: Yes ___ No ___

What degree do you plan to pursue: _____

What vocation do you plan to pursue: _____

Name of 4-H Club or FFA Chapter: _____

Number of Years in 4-H: _____ or FFA: _____

1. List your most important 4-H or FFA projects and activities:

2. Achievements/Honors in 4-H and FFA:

3. Leadership in 4-H and FFA:

Please list 3 references and attached their letter of support to your application

Name: _____ **Phone Number:** _____

Address: _____

Name: _____ **Phone Number:** _____

Address: _____

Name: _____ **Phone Number:** _____

Address: _____

Please attach an essay of 250 words or less, with personal reasons for applying for this scholarship and how it would help you achieve your goal.