

**National Wild Turkey Federation's  
Academic Scholarship Program  
Application**

**APPLICANT INFORMATION**

PLEASE TYPE OR PRINT:

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name\_\_\_\_\_

Permanent Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Telephone No.(\_\_\_\_)\_\_\_\_-\_\_\_\_ E-mail Address\_\_\_\_\_

High School\_\_\_\_\_ Expected Graduation Date\_\_\_\_/\_\_\_\_/\_\_\_\_

College Preference\_\_\_\_\_

Major Study Area\_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITES**

List membership in school related organizations (i.e. Honor Society, FFA, Beta Club, Science Club, Ecology Club, Student Council, etc.)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List elected leadership positions held in high school:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any activity that demonstrates community involvement (i.e. Scouts, 4-H, civic group or club, or volunteer work, etc.):\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any awards received for school or community involvement: \_\_\_\_\_

\_\_\_\_\_

List job experience (i.e. after school, summer, etc.) \_\_\_\_\_

\_\_\_\_\_

How did you learn about the NWTF's Academic Scholarship Program? \_\_\_\_\_

PLEASE ATTACH THE FOLLOWING:

- **TRANSCRIPTS:** Official, sealed transcripts.
- **LETTERS OF REFERENCE:** Three letters of reference from teachers, counselors, community leaders or clergy (do not include relatives)
- **COPY OF CURRENT HUNTING LICENSE**
- **PHOTO:** Minimum wallet size, suitable for publication. Digital is preferred, one professional/school picture and one hunting/outdoor personal picture if available.
- **AUTOBIOGRAPHY:** Write a brief autobiography explaining why you will be a good investment if you are awarded this conservation scholarship. Include any experiences and background which demonstrate your dedication to conservation. Autobiography must be typed, double-spaced and should not exceed three pages.
- **ESSAY:** Write a brief essay describing why hunting is important to you and/or your family. Essay must be typed double-spaced and should not exceed three pages.

**NOTE:**

1. You may attach additional sheets to application if needed.
2. School Guidance Counselor or Principal must sign application.
3. Submit application and other materials no later than June 15th to local chapter contact (see box below).
4. **If selected as the scholarship recipient, for payment of scholarship student must submit:**
  - a. Receipt of supplies pre-purchased for schooling (i.e. Books, lab supplies, etc.)
  - b. Verification of enrollment to College and/or trade school
5. **The recipient will be awarded the check on July 14<sup>th</sup>. If possible, we would like the scholarship recipient to attend the Mississippi Valley Gobblers South Chapter banquet on August 24<sup>th</sup>. At this event they will be recognized with the scholarship, provided with a meal and given a year's membership into the NWTF Chapter.**
6. **If student drops out before the end of the first semester of classes has been completed (without extenuating circumstances i.e. medical, family emergency etc.) this scholarship is to be repaid in full to the chapter within two weeks of leaving school.**

**APPLICANT SIGNATURE:**

By signing this form, I hereby grant the National Wild Turkey Federation the unconditional right to use my name, photograph and essay in connection with press releases and/or publications. I also certify that I have read and meet the eligibility requirements for the NWFT scholarship.

\_\_\_\_\_ / /

**Signature of Applicant**

**Date**

**SCHOOL GUIDANCE COUNSELOR OR PRINCIPAL SIGNATURE:**

Current Cumulative Grade Point Average \_\_\_\_\_ on a \_\_\_\_\_ scale.\*

Applicant's rank in graduating class: \_\_\_\_\_ out of \_\_\_\_\_ (total number in class).\*

\*Official sealed transcript ARE required

\_\_\_\_\_ / /

**Signature of Guidance Counselor or Principal**

**Date**

**LOCAL CHAPTER INFORMATION:**

This application should be returned to your local chapter representative by June 15th.

(Name and address of local NWTF chapter representative)

**Contact Name: Greg Shaffer**

**Mailing Address: 1389 265<sup>th</sup> Street**

**City: Sherrard State: IL Zip: 61281**

**Contact number: 309.235.0906**

**Chapter Name: Mississippi Valley Gobblers South**