



SC Farm Bureau Federation Market Goat Scholarship Entry Form



Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____ Date of Birth: _____

County: _____

How many years have you been exhibiting Market Goats: _____

Current School: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Current Grade: _____ Expected Graduation Date: _____

Current GPA (4.0 Scale): _____

Planned University/Technical College: _____

I have read the rules and regulations for the SC Farm Bureau Federation Market Goats Scholarship program and agree that I meet all criteria of this program. I further acknowledge that all information included in this application is truthful and the product of my own efforts.

Applicant Signature: _____ Date: _____

Applicant Parent Signature: _____ Date: _____