

## **WILLIAM DIAL MEMORIAL SCHOLARSHIP**

1. This scholarship is provided by the Robeson County Livestock Association as a fitting memorial to William Dial, who passed away in July of 1996, and to show their respect to his friends and family.
2. The initial amount of this scholarship is \$1,000. This amount may vary from year to year depending upon availability of funds.
3. This scholarship will be made available to a student who is a resident of Robeson County. It is preferred that the student pursue an agricultural-related career in the animal science discipline (not necessarily in production), but there are no restrictions or limitations.
4. The student may use these funds to attend an institute of higher learning not restricted to the land-grant colleges or North Carolina. This institution may be a community college, a junior college, or a four-year college or university.
5. Applications for this scholarship will be available from the Robeson County Center of the North Carolina Cooperative Extension Service (671-3276). Selection of the recipient of this scholarship will be made by the original Scholarship Committee or others appointed by the president of the Association.
6. Applications for this scholarship will be made available each spring for consideration.
7. The deadline for applications will be July 15. To be considered, applications must be delivered to the Extension Service at the O. P. Owens Agriculture Center on Highway 72 West in Lumberton or may be mailed with a postmark no later than July 15.
8. The recipient and applicants of this scholarship will be notified by August 15.
9. Upon submission of proper evidence that the student has been accepted into the institution of their choice, an initial check of \$500 made payable to the recipient will be provided.
10. Upon satisfactory completion of the first semester and with proper evidence that the student is properly enrolled for the second semester, a final check of \$500 made payable to the recipient will be provided.
11. This scholarship is provided on an annual basis. This does not prevent a previous recipient from reapplying for this scholarship in succeeding years.
12. The recipient will be expected to be available and appear in media coverage related to the scholarship.

**APPLICATION**

**WILLIAM DIAL MEMORIAL SCHOLARSHIP**

PLEASE PRINT OR TYPE (COMPLETE ENTIRE APPLICATION)

Name \_\_\_\_\_  
(first, middle, last)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Parents' (Guardian) Names--Father \_\_\_\_\_  
Mother \_\_\_\_\_

School you are currently attending \_\_\_\_\_

Current Grade Point Average \_\_\_\_\_ Scale \_\_\_\_\_

Name of school you plan to attend \_\_\_\_\_

Field of study and degree you plan to pursue \_\_\_\_\_  
\_\_\_\_\_

Work Experience

Describe your past work experience including both farm and nonfarm employment and activities.

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

Leadership Activities

List leadership activities in which you have been involved and the level of participation in each. Should include offices held, committee assignments, awards, contests, volunteer work, and dates of each. Include school, extracurricular activities, community activities, or church activities.

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

In the space below, provide your assessment of the importance of animal agriculture in this area and to our local economy. (Attach additional pages if necessary.)

In the space below, explain why you would like to pursue a career in your chosen field of study and what you would like to do when you finish your formal education. (Attach additional pages if necessary.)

Signature of Applicant and Parent

We certify that all information given on this application is true, correct, and complete to the best of our knowledge.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

Return this scholarship application to:

Robeson County Center of the  
North Carolina Cooperative Extension Service  
P. O. Box 2280  
Lumberton, NC 28359-2280

DEADLINE ----- July 15

Teacher's Statement (To be completed by teacher or guidance counselor.)

Please use this space to give an evaluation of the applicant's program in high school and dedication as a student. In addition, please indicate special circumstances, such as financial need, which should be considered.

I certify that the information provided is true, correct, and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Subject Taught \_\_\_\_\_