



The Lois Trump Youth Scholarship Application

Type or print in black ink all information requested. This original form must be submitted to the Scholarship Committee Chair. Additional sheets should be used to answer the questions.

I hereby apply for a scholarship.

Check one: Level 1 _____ or Level 2 _____ Scholarship

NAME _____
Last First Middle

ADDRESS _____
Street Address

_____ City State Zip

Phone # _____ E-mail _____

BIRTHDATE _____
Month Day Year

DATE OF HIGH SCHOOL GRADUATION _____

REQUIRED FOR LEVEL 2 APPLICANTS ONLY: Institution of higher education currently attending:

I have held continuous membership in the American Fuzzy Lop Rabbit Club since _____
Month/Year

1. What breeds of rabbits/cavies have you raised, other than AFL? Are you currently actively raising/showing rabbits?
2. How many rabbits have you maintained on average?
3. Do you now attend Rabbit/Cavy shows? How many shows per year? If not, why are you currently inactive?
4. What awards have you received related to your rabbits that you consider the greatest honor?
5. What have you done to promote rabbits/cavies other than attend shows?
6. What are the main organizations other than AFLRC in which you are active? This includes your current activities as well as past participation as a youth member. Please provide names of organizations, years of membership and any leadership roles served by you.
7. What benefits have you acquired as a result of your AFLRC membership?
8. What are your current career goals? In what ways are your experiences in the rabbit fancy related to your career selection?

9. Has anyone mentored you in the rabbit/cavy industry/hobby? If so, what impact did this experience have on you. Please list the name and contact information for your mentor (phone number or email address).
10. Is there other information you would like to supply to support of your application?

Applicant attestation

I hereby apply for a scholarship under the requirements listed and submit that the preceding information is accurate to the best of my ability.

Applicant signature

Date

Submit completed application to:

*Jeannine Compton
AFLRC Scholarship Chair
6040 Park Hill RD
Santa Margarita, CA 93453*