

**2018-2019 ALTAC Scholarship Application Form**



ALTAC  
Ark-La-Tex Agricultural Council

P.O. Box 53226  
Shreveport, La. 71135  
(318) 987-3769  
www.altac.org

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Student email \_\_\_\_\_ 4-H Club/Parish FFA Chapter: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ High School: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_ High School Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School Phone# \_\_\_\_\_

What livestock projects did you participate in and where have you shown?

\_\_\_\_\_

\_\_\_\_\_

Louisiana college or university attending: \_\_\_\_\_

At Present, my career plans are: \_\_\_\_\_

\_\_\_\_\_

Materials submitted with my application are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian's signature

\_\_\_\_\_

Date

\_\_\_\_\_

4-H Club Agent or FFA Advisor's signature

\_\_\_\_\_

Date