

Association of Food & Drug Officials of the Southern States  
(AFDOSS)

Scholarship Application Form

Return to:

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AFDOSS Scholarship Committee Chair  
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**Association of Food and Drug Officials of the Southern States  
(AFDOSS)**

**Scholarship Application Form**

Only Sophomores preparing to enter their Junior year or Juniors preparing to enter their Senior year are eligible to apply. The following must be received on or before **April 30, 2010** to be considered for the current year's award.

- (1) This completed application (Use extra pages if needed)
- (2) An official and **complete** college transcript of ALL your college or university work
- (3) Two letters of recommendation from faculty members familiar with your work

PLEASE TYPE

Applicant's Name \_\_\_\_\_

School Address \_\_\_\_\_ Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

University \_\_\_\_\_

Expected Degree and Major \_\_\_\_\_

College Entrance Scores: SAT \_\_\_\_\_ or ACT \_\_\_\_\_

Present Major:

College Academic Awards or Honors:

College Extracurricular Activities (including offices held):

Other Outside Activities:

Summer Work Experience (if any)

I certify that all the information provided in this application is true and correct to the best of my knowledge.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

List below all college level courses in your transcript, plus those you are presently taking, arranged by department rather than chronologically.

Attendance System:  Semester  Trimester  Quarter

Department	Course #	Credit	Course Title or Description	Grade (A = 4.0)†

†Grades listed in this column must be A = 4.0 system; if your grades are not in this system, you must convert them. Courses of current enrollment can be shown with an (\*). For your courses planned this year just leave the grade column blank.

Include below a brief biographical sketch and a statement regarding your choice of major and future career plans.

Void if continued on another page.