	Santa Barbara County Cattlemen's Association							ation	
Ted	Monighe	ett	i/Fred I	layes	Mem	orial	Scł	nolarshi	p Applic
Name									
Mailing Ad	ddress								
E-Mail Ad	dress								
Phone Nu	mber(s)								
Name of F	Parents or G	uar	dians						
Date of Bi	rth								
High Scho	ool/College (Curi	rently Atten	ding					
College/T	rade School	Yo	u Will Be A	ttending	in Fall				
Graduatio	n Date							GPA	
Please lis	t any agricul	ture	e related or	beef cat	tle orga	anization	ns yo	ou and/or yo	our family be
Signature								Date	
Please Re	eturn Comple	etec	d Applicatio	n to:					
	SBCCA Tec	M b	onighetti/F	red Haye	s Mem	orial Sc	hola	rship	
	P.O. Box 303								
	Los Alamos, CA 93440								

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