

# Ag-DISCOVERY APPLICATION

Name in full: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Birth date/Age: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Ethnic Affiliation/Race: \_\_\_\_\_

School: \_\_\_\_\_ Grade (Next Fall): \_\_\_\_\_

T-shirt Size: M L XL XXL

Special Food/Dietary Restrictions: \_\_\_\_\_

Do you have health problems or disabilities that require special attention? \_\_\_\_\_

If yes, please describe \_\_\_\_\_ Have you been immunized for German (Rubella) and Red (Rubeola) Measles? \_\_\_\_\_

**(Please include IMMUNIZATION FORM from your physician or local health department AND proof of health coverage - COPY OF INSURANCE OR MEDICAID CARD)**

Name/Phone # of Parent or Guardian: \_\_\_\_\_  
\_\_\_\_\_

Name/Phone # of Emergency Contact, if different from above: \_\_\_\_\_  
\_\_\_\_\_

ON A SEPARATE SHEET OF PAPER, PLEASE WRITE A SHORT ESSAY WHICH INCLUDES:

- In your opinion, what is Animal Science?
- Why is Animal Health/Veterinary Medicine important?
- What you would like to know about Animal Health and Why?
- Your interest and activities in Animal Health or Veterinary Medicine.
- Your hobbies and plans for the future.

**I solemnly swear that the information given above is true to the best of my knowledge. I understand that I can be fined for knowingly listing incorrect information on this application.**

**If selected to participate in the Ag-DISCOVERY program at Alcorn State University, I promise to abide by all rules and regulations and to make proper use of educational advantages offered, and to see that all bills incurred by me are paid promptly. If for any reason, I violate any part of the promise statement, I could or will be dismissed from the Ag-DISCOVERY program and sent home immediately.**

Applicant's signature: \_\_\_\_\_

Recommended by: \_\_\_\_\_

Approval for \_\_\_\_\_ Principal \_\_\_\_\_ Counselor \_\_\_\_\_  
to participate in the Ag-DISCOVERY program  
Student's full name

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

**APPLICATION MUST BE POSTMARKED BY MAY 15, 2004**