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***Please give a copy of your application and the below form to your Department Head or Chairperson to be signed and mailed separately to the provided address. Your Department Head or Chairperson must mail it directly to the Throlson American Bison Foundation. Be sure to also enclose one letter of recommendation from departmental faculty, this is mandatory.***

***THIS SECTION MUST BE COMPLETED FOR YOUR APPLICATION TO BE CONSIDERED***.

The applicant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, currently is a full-time student of **junior,** **senior or graduate** standing in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ curriculum in the department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

His/her GPA to date is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:

University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:

Phone: Email:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Please mail this application to:

Throlson American Bison Foundation

8690 Wolff Court, #200

Westminster, CO 80031

# Annual application deadline is October 1, 2019