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***Please share a copy of your application and the below form to your Department Head or Chairperson, which is to be signed and sent separately to the provided address. Your Department Head or Chairperson must send it directly to the Throlson American Bison Foundation. Be sure to also enclose one letter of recommendation from departmental faculty, per the application instructions, as this is mandatory for consideration.***

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 email this form to [info@bisoncentral.com](mailto:info@bisoncentral.com), or mail a hard copy to the address below by the October 1st application deadline:

Throlson American Bison Foundation

8690 Wolff Court, #200

Westminster, CO 80031