## SCHOLARSHIP PROGRAM

Elanco Animal Health is currently accepting applications for 2022 scholarship(s). The Elanco site in Winslow, Maine was founded in 1957 by a local veterinarian, Dr. Kenneth Eskelund. The Winslow site is a global producer and distributor of vaccines for poultry.

We are committed to supporting students in the pursuit of careers in science. This year, we will award a total of \$2,000 in scholarship(s) to Maine high school seniors pursuing post-secondary education in a science-related field.

## **QUALIFICATIONS**

- 1. Currently a high school senior attending Cony High School, Erskine Academy, Gardiner Area High School, Lawrence High School, Madison Area High School, Messalonskee High School, Skowhegan Area High School, Waterville High School, or Winslow High School
- 2. Enrolled or plan to enroll in a four year science-related degree program at an accredited college or university for 2022-2023
- 3. Academic Achievement (minimum of 3.0 weighted GPA);
- 4. Demonstrate an interest in pursuing a career in a science-related field

### **NECESSARY DOCUMENTS**

- 1. Scholarship Application Form
- 2. A current resume
- 3. An official high school transcript. Please include any college level courses.
- 4. Two letters of recommendation (non-relatives).
- 5. One essay no more than one page. Please select one essay topic from the following:
  - 1. What do you hope to accomplish in your field of study.
  - 2. Please describe a time when you found the courage to step outside of your comfort zone to do something unexpected and completely unlike you. Why did you take this risk? What have you learned from the experience?
  - 3. What invention would the world be better off without, and why?

#### DEADLINE AND SUBMISSION

All required documents including official transcripts and letters of recommendation must be postmarked by April 1, 2022. Recipients will be notified by mail.

Elanco Animal Health Attn: Scholarship Committee 375 China Road Winslow, ME 04901



# **SCHOLARSHIP APPLICATION FORM**

(Please Type or Print)

# I. PERSONAL INFORMATION

Name of Applicant:	 Last		F	irst	MI
Mailing Address:				1100	
City, State, Zip:					
Telephone No:			Fax No:		
E-mail Address:					
Age:					
Parent's or legal gua	ardian's name(s):				
Address (if different	than above)				
SCHOLASTIC INF					
Date to graduate fron	n high school:		Date	to enter college:	
College Attending:					
Degree Objective (ple	ease circle): BA	BS MA	MS PhD	Other:	
Major Field of Study:					
What extracurricular a Indicate length of activ					
Leadership Activity	ties:				
> Public Service & 0	Community Activiti	es:			
> Public Service & 0	Community Activiti	es:			

	Awards & Recognition			
	Other Activities:			
EMPL	OYMENT/VOLUN	TEER HISTORY		
most c	urrent job. Please de		bs held (part-time, summer, etc.) beginning wir onsibilities, and number of hours per week on	th yo
averag	je.			
_				
_	of Employer:		Phone #:	
Name	of Employer:	To:		
Name From: Addres	of Employer:	To:	Phone #:	
Name From: Addres	of Employer:  ss: visor's Name & Position	To: on:	Phone #:	
Name From: Addres Superv Your d	of Employer:ss: visor's Name & Positicuties:	To: on:	Phone #:	
Name From: Addres Superv Your d	of Employer: ss: visor's Name & Position uties:  ame of Employer:	To:	Phone #:	
Name From: Addres Superv Your d	of Employer:ss: visor's Name & Position utiles:	To:	Phone #:	
Name From: Addres Superv Your d  Na Fro	of Employer: ss: visor's Name & Position uties: ame of Employer: om	To:	Phone #:  Phone #:	
Name From: Address Superv Your d  Na From: Address Add	of Employer: ss: visor's Name & Position uties:  ame of Employer: om	To: To:	Phone #:  Phone #:	

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that Elanco Animal Health may attempt to verify statements made on my application. I authorize investigation into all statements I have made on this application as may be necessary for reaching a decision.

When contacted by this Company, I give my express permission for all former employers, schools and institutions, courts, police, and other agencies with which I have had contact to release any information requested by this Company. I further give my permission for my former employers, institutions, and agencies to answer any and all questions based upon information available to them in my prior employment, school and agency records. I understand that it is possible that my prior employment, school and agency records may not be accurate. Nonetheless, in consideration of this Company's review of this application, I release this Company and all former employers, institutions, and agencies from any liability as a result of furnishing and receiving reference information. I understand that my failure to sign this reference release so the Company can contact references and make a full background check of my previous work, educational, and other agency history will be deemed interference with and a withdrawal of my application of employment.

I understand that false or misleading information given in my application or interview(s) may result in the loss of scholarship.

Student Signature: _	Date:	_

Please use additional sheets to provide any other information that you feel is necessary to complete your application.