|  |  |
| --- | --- |
| C:\Users\jcmccan2\Pictures\Illinois-Logo\Illinois-Logo-Primary\Illinois-Logo-Full-Color\Illinois-Logo-Full-Color-RGB.png | Illinois Beef Experiential Learning and Industry Exposure Fellowship  (I-BELIEF) |

# Application

Please submit this application with a **cover letter** and **one page resume** to Dr. Josh McCann at jcmccan2@illinois.edu no later than **5 p.m. on** **February 5, 2021**.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

## Education

|  |  |  |
| --- | --- | --- |
| High School: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| University: |  | | |  |  | |
|  |  | |  | |  | |
|  |  | |  | |  | |
| Classification | Sophomore | Junior | Cumulative GPA: | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you receive Federal tuition assistance during the school year? | | | | Yes | No |  |
|  | | | |  |  |  |
| Are you a first generation college student? | | | | Yes | No |  |
|  | | | |  |  |  |
| Please list classes you have taken related to beef production and/or animal science. | | | | | | |
|  | Course Name |  | Semester | | | |
| 1. |  |  |  | | | |
| 2. |  |  |  | | | |
| 3. |  |  |  | | | |
| 4. |  |  |  | | | |
| 5. |  |  |  | | | |
| 6. |  |  |  | | | |

## References

Please list two professional references. One must be an academic reference.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Title: |  |
| Phone: |  | Email: |  |
|  |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Title: |  |
| Phone: |  | Email: |  |

## Signature

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |