

**SCHOLARSHIP APPLICATION**  
**ADAMS COUNTY MASTER GARDENERS ASSOCIATION**

(You must be a resident of Adams County, have a 2.5 Grade point and pursue a career in one of the fields listed below or a similar field.)  
This application must be turned in to your Guidance Dept. by April 1.

**QUALIFYING COURSES MAY INCLUDE**

Agricultural and Applied Economics  
Agricultural Education  
Agronomy (soil mgt. & crop production)  
Botany (physiology, structure, genetics, ecology, distribution, classification, and economic importance of plants)  
Entomology (forms and behavior of insects)  
Forest Science  
Horticulture  
Landscape Architecture  
Plant Pathology (diseases)  
Soil Science  
Wildlife Ecology

Date: \_\_\_\_\_ County & Township of Current Residence \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_

Which high school did you graduate from or will this year? \_\_\_\_\_

Year of graduation \_\_\_\_\_

Cumulative G.P.A. \_\_\_\_\_

(If you need extra room for any of the following questions, please use blank sheets as needed.)

List all extracurricular activities which you have participated in while in high school; indicate also all offices held and special awards receive. Do not include classes for which you received credit.

List any nonschool-related activities or community services or projects in which you are involved. Include offices held and special awards.

Name of institution you plan to attend \_\_\_\_\_

Have you been accepted at above institution? \_\_\_\_\_

What is your intended major or course of study? \_\_\_\_\_

What is your long-range career goal? \_\_\_\_\_

Explain how you plan to finance your education.

Would you be willing to give a short oral presentation on why we should award you a scholarship?

In the space on Pg. 3, provide a brief, hand written statement describing how a scholarship award will help you achieve the goal you have set for yourself.

Include any additional information which you feel may be pertinent to this application.

I give my permission to release this application and a transcript of my school records to the Adams County Master Gardeners' Association Board of Directors. I certify that this application is true to the best of my knowledge. If I am awarded this scholarship, I understand that any change in my educational plans may jeopardize my qualifying for the scholarship.

Signed \_\_\_\_\_ Date \_\_\_\_\_

