GREENE COUNTY MASTER GARDENERS APPLICATION FOR COLLEGE SCHOLARSHIP FOR AGRICULTURE/HORTICULTURE MAJORS ONLY

(Please type or print.) <u>Due April 14, 2023</u>

Name:	Phone:		
Address:			
City:	State	Zip Code: _	
Birth Date:			
Name of Parent/ Stepparent/ Guardian:			
NOTE: Detailed information will assist Mast	er Gardener So	eholarship Committee in	making selection.
High School/College Information: (Please att High School/ College Attended:			
High School/ College Attended: Please list activities involved in by category of: additional sheet but identify topic.):	academics, athl	etics and extracurricular.	(Feel free to add an
College Information:			
College planning to attend / attending: What career do you plan to pursue and why? Co	ollege students o	nly need to answer this so	Accepted:ection if changing colleges or
study field. (Feel free to add an additional shee	t but identity top	oic.):	

Work and Community Activities: (Feel free to add an additional sheet but identify topic.): List community and religious activities in which you have participated during the last four years. Please list the activities in order of importance to you.

Please list your paid work experience during the past four years	, beginning with your most recent position.
Certification:	
I hereby affirm that the information provided on this form is acc	curate and complete to the best of my knowledge.
Applicant's Signature:	Date Submitted:

Please return this application via email, HughesBL64@gmail.com, or mail to:

Greene County Master Gardeners Attention: Scholarship Committee C/O Brenda Hughes, Chairman 112 W Mechanic Street Bloomfield IN 47424