Baxter County Master Gardener Scholarship

Application

Description: This is a one-time $500.00 scholarship awarded annually to assist a student in the pursuit of a degree in a plant science related field, including but not limited to horticulture, botany, agronomy, forestry, plant science, soil science, landscape architecture/design, ag education and turf management. Recipients may re-apply in succeeding years. This scholarship will be awarded in September (Fall) to be dispersed for the Spring session, after satisfactory completion of the Fall session with a 2.5 or greater GPA. Student must be a full time student.

The BCMG Board of Directors will review all applications and the decisions of this body shall be final.

Eligibility:

1. Must be a Baxter County high school senior, either conventional or home schooled, or a full-time undergraduate student in an Arkansas College/ University system.
2. Must be majoring in a plant science related field as noted above.
3. Must have a minimum of a 2.75 GPA on a 4.0 POA from high school and/or a 2.5 GPA from college.

Instructions:

1. Completely fill out all sections.
2. Attach a copy of your high school transcript, ACT (or equivalent if available) or college transcript to date.
3. Attach essay from the Career Goals section.
4. Attach letters of recommendation.
5. Sign and date the application in the space provided.
6. Submit application postmarked by April 1st to:

Baxter Counter Master Gardener Scholarship

C/O Baxter County Cooperative Extension Service

3 E. 9th Street, Mountain Home, AR 72653

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Plans: List the Arkansas College or university in which you are enrolled or plan to attend:

1st choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you been accepted? \_\_\_\_\_

2nd choice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Have you been accepted? \_\_\_\_\_\_

What is your planned major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities and Honors:

List your extracurricular, volunteer, church, and community activities:

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Include any offices held, awards that you have received, and projects related to field of study:

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Career Goals: Attach a 300 words or less double-spaced statement describing your interest in a plant science career and about your goals, aspirations, and career plans.

Recommendations:

Please list three references below who would recommend you for this scholarship (friend, employer, teacher; no family members, please).

Letters of recommendations from the individuals listed below must be attached to the completed scholarship application.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature:

I hereby certify that the information presented on this application is correct.

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Signature of applicant Date

*The Master Gardener Program is a part of the University of Arkansas System Division of Agriculture Cooperative Extension Service which offers its programs to all eligible persons regardless of race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.*