

EDUCATIONAL SCHOLARSHIP APPLICATION

Master Gardener | Davidson County Volunteer Association

Application must be <u>complete</u> and returned or postmarked by March 1, 2024

1.	Full Name:						
	F	irst	Middle	La	ast		
2.	Home Address:						
	City	State	Zip Code	Telepho	ne with area code		
3.	Home Telephone:		Cell Phone:				
4.	E-Mail Address: _						
5. Current School Attending:							
	Current School Address:						
6.	Intended Major:						
7.	7. Intended College:						
	Intended College Address:						
	Have you been accepted (Yes No						
8.	. Career Objectives:						
9.	List extracurricular/volunteer activities/organizations/clubs with dates of participation. Additional information may be included on back of this page.						
N	AME OF ORGANI	ZATION/ACTIVIT	Y	START DATE	END DATE		
1.							
2.							
3.							
4							

10. Employment History:

NAME OF BUSINESS	START DATE	END DATE
1.		
2.		
3.		
4.		

- 11. Copy of current, valid academic transcript
- 12. Personal essay: On a separate piece of paper, tell us why you are an excellent candidate for this scholarship
- 13. Contact information for person providing letter of reference that is included in your application.

Name:	Phone/E-mail:		
Applicant Signature:	Date:		

Application is not complete and WILL NOT be considered without

- Current, valid academic transcript
- Personal essay
- Sealed letter of reference

RETURN APPLICATION TO:

Master Gardener Association of Davidson County c/o Scholarship Committee
301 East Center Street
Lexington, NC 27292

(Application MUST be received or postmarked by March 1, 2024.)

NC State University and NC A&T State University commit themselves to positive action to secure equal opportunity regardless of race, color, creed, national origin, religion, sex, age, veteran status or disability. In addition, the two Universities welcome all persons without regard to sexual orientation.