

**EXTENSION MASTER GARDENER *SM* VOLUNTEER ASSOCIATION**

**2022 Scholarship Application**

ELIGIBILITY: Applicants must be McDowell County residents or have attended McDowell County schools and must have been accepted in an accredited school program.

Scholarships shall be awarded based upon this application and an interview with the applicant (if deemed necessary) by the Extension Master Gardener *SM* Volunteer Association Scholarship Committee. Priority will be given to applicants majoring in the field of agricultural sciences.

One (1) scholarship in the amount of $1000.00 or, if two applicants qualify, there will be two (2) scholarships in the amount of $750 each awarded . Whether to award one or two scholarships each year will be at the discretion of the committee upon review of the applicants.

You must complete the sections of this application and forward it to the person you have selected to complete the Applicant Appraisal form. You may select a teacher, an employer, a job supervisor, or any other person who is able to evaluate you according to the criteria given.

You are also responsible for collecting and submitting all supporting documents listed on the Application Checklist on the last page of the application. This application becomes valid only when it and all supporting documents have been received. The Extension Master GardenerVolunteer Association Scholarship Committee reserves the right to process only those applications found to be complete as of the application deadline.

**Applications must be submitted and received no later than Sunday, May 15, 2022.**

Please submit the complete application to:

**Linda Davidson**

**c/o Molly Sandfoss**

**County Administration Building, 60 East Street**

**Marion, NC 28752**

Scholarship funds will be paid directly to the post-secondary institution for which the applicant’s scholarship is awarded.

**Extension Master Gardener*SM* Volunteer Association**

**2022 Scholarship Application**

**I. Personal Data**

|  |  |
| --- | --- |
| Name: | |
| Address: | |
| City, State, Zip | |
| Home Phone: | Birth Date: |
| Mobile Phone: | Email: |
| School: | |
| Expected Graduation Date: | Occupation of parents:  Number of Siblings: |
| GPA on a 4.0 scale: | Class Rank |
| List academic awards or honors. | |
| College you plan to attend or are attending: | |
| Applied: | Accepted: |
| Please list other Scholarships or Financial Aid already awarded:  Intended Major: | |
| SAT Score: | |
| AP Courses Taken: | |

State your plans for your education, career, and future goals. (Additional pages may be included.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extension Master Gardener*SM* Volunteer Association Scholarship Application

**II. Extracurricular Data**

**School Activities:**  Please detail your participation in school-sponsored activities, for example, student government, sports, music, clubs, etc. (Additional pages may be included.)

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| Activity | Grades | Positions Held | Honors or Awards |
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**Civic and Community Activitie**s: Please detail all community activities in which you have participated without pay; for example, volunteer work, clubs, sports, hobbies, etc. (Additional pages may be included.)

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| --- | --- | --- | --- |
| Activity | Grades | Positions Held | Honors or Awards |
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**Work Experience:** Please describe your paid work experience.

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| --- | --- | --- | --- |
| Employer / Position | From (mo./ yr.) | To (mo./ yr.) | Hours per week |
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Extension Master Gardener*SM* Volunteer Association Scholarship Application

**III. Scholarship**

Please comment on why this scholarship would be important to you including why you are seeking financial assistance. (Additional pages may be included.)

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**Checklist**

* Official copy of school transcript of grades.
* Completed Scholarship Application
* Completed Applicant Appraisal Form.

I certify that all the information on this form is true and accurate to the best of my knowledge. I agree to provide proof of the information included in this application, if requested. I understand that my application will not be considered if any of the required or requested information is not provided by the due date.

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**Applicant’s signature** **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Official’s signature** **Date**

**Applicant Appraisal**

Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This appraisal should be completed by a person of authority (school, community, church, etc.) who knows you and your accomplishments well.

Excellent Good Fair Poor

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| --- | --- | --- | --- | --- |
| The Applicant’s achievements reflect his/her ability. |  |  |  |  |
| The Applicant’s demonstration of curiosity and initiative. |  |  |  |  |
| The Applicant’s ability to seek, find and use learning resources. |  |  |  |  |
| The Applicant’s problem-solving skills and ability to follow through to completion. |  |  |  |  |
| The Applicant’s commitment to school and /or community. |  |  |  |  |
| The Applicant’s respect for self and others |  |  |  |  |
| The Applicant’s ability to set realistic and attainable goals. |  |  |  |  |
| The appropriateness of the Applicant’s choice of post-secondary education institution. |  |  |  |  |

**Please tell us a few things that make this applicant stand out:**

**Appraiser information:**

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appraiser’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_