

**EXTENSION MASTER GARDENER VOLUNTEERS  
OF  
PASQUOTANK COUNTY**

**2019  
SCHOLARSHIP GRANT  
APPLICATION**

## **EXTENSION MASTER GARDENER VOLUNTEERS OF PASQUOTANK COUNTY SCHOLARSHIP GRANT**

A \$1,000 educational college scholarship grant is being made available through a donation from the Master Gardener Volunteers of Pasquotank County to high school graduates entering into agricultural, horticultural, or botanical fields of study. Qualified grant recipients will be selected after review of all applications. Selection will be made considering the overall package, including but not limited to: weighted GPA, courses of study, academic standing, financial need, educational goals, recommendations and community involvement.

### **APPLICATION REQUIREMENTS**

1. Applicant must be a U.S. Citizen.
2. First time applicant must be a graduating senior from a high school located in Pasquotank or Camden counties.
3. Applicant must enter in or pursue a course of study in Botany, Horticulture, Landscaping, Agriculture – or – related field.
4. Applicant must be accepted to an institute of higher learning defined as a University, Accredited College, Trade School, or Community College where a two-year or a four-year degree is available.
5. Applicant must submit, with this printed scholarship application, written recommendations from a school (teacher or counselor), an adult (not a relative) from within the community and a copy of your official high school transcript. **Applications must be received by Extension no later than April 30th.**
6. Applicants may apply for a second-year scholarship; but, must provide the Extension Master Gardener Volunteers of Pasquotank County Scholarship Committee with a transcript of the first year completed course of study listing a weighted GPA of 3.0 or greater.

**EXTENSION MASTER GARDENER VOLUNTEERS**  
**OF PASQUOTANK COUNTY**  
**SCHOLARSHIP APPLICATION**

Date: \_\_\_\_\_

1. Legal Name of Applicant:\_\_\_\_\_

Married Yes\_\_\_\_No\_\_\_\_

Dependents Yes\_\_\_\_No\_\_\_\_

2. Home Address:\_\_\_\_\_

Applicant Email Address:\_\_\_\_\_

3. Telephone Number:\_\_\_\_\_ Email\_\_\_\_\_

4. Date of Birth:\_\_\_\_\_

5. High School:\_\_\_\_\_

6. Father's Name:\_\_\_\_\_ Living\_\_ Deceased\_\_\_\_\_

7. Mother's Name:\_\_\_\_\_ Living\_\_ Deceased\_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

8. If you have a legal guardian, other than a parent, note the following:

Name and relationship to you\_\_\_\_\_

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

9. List by name and amount other scholarships which you have received or applied for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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10. List activities in which you have participated during high school that have been meaningful to you. Include any part-time jobs you have held within the past two years as well as any summer activities in which you have been involved.

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11. List any offices to which you have been elected or appointed in any organizations during your four years of high school:

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12. List honors (scholastic, citizenship, etc.) which have been awarded to you:

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13. Write a personal statement discussing, in your own words, your educational and/or vocational objectives. (Attach a separate sheet of paper, if needed):

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14. Attach a copy of your official high school transcript.

15. Ask two adults for a written reference (see Item 5 of Application Requirements). One adult should be a teacher or a counselor from your junior or senior year of high school; the second adult (not a relative) should be an adult who has worked with you in an activity which is important to you (e.g., athletic coach, club sponsor, employer, etc.). References must be placed in a sealed envelope with your name on the outside and included with this application.

TO BE COMPLETED BY PARENT OR GUARDIAN

☐ Father/Mother or ☐ Guardian:

Email Address (parent/guardian): \_\_\_\_\_

Occupation: \_\_\_\_\_

Adjusted Gross Income (previous year 1040): \_\_\_\_\_

Estimated Adjusted Gross Income (current year): \_\_\_\_\_

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We certify that the information provided in this application is true and complete to the best of our knowledge.

\_\_\_\_\_  
Applicant's Signature/Date

\_\_\_\_\_  
Parent/Guardian Signature/Date

The application and letters of recommendation will not be returned to the applicant, and will remain the property of the Extension Master Gardener Volunteers of Pasquotank County. Should a question or request for clarification arise, the applicant should contact the appropriate guidance Counselor at their school.

Any and all tax liability incurred from the receipt of awarded grant monies will be the sole responsibility of the recipient or their legal guardian.

The information contained in this application will be held in strict confidence and not shared, in any way or form, with any person or persons other than those listed in this application (applicant's school teacher and/or counselor, parents, guardians, et al.) and only with those members of the Extension Master Gardener Volunteers of Pasquotank County directly involved with the selection process.

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Signature/Title/Date

Extension Master Gardeners Volunteers of Pasquotank County