Bexar County Master Gardener
SCHOLARSHIP APPLICATION

Instructions

● Complete the application form. All pages should be filled out entirely.

● Attach at least two typed or printed letters of recommendation. One letter must be from an instructor in your field. Other letter(s) may be from any of the following: recent employer, club advisor, church leader, or any other qualified person, excluding a family member.

● Attach college transcripts in a sealed envelope. You must submit a transcript which includes your most recent semester.

● Return completed application and required supporting documentation to:
  Scholarship Committee
  Bexar County Master Gardeners, Inc.
  3355 Cherry Ridge Drive, Suite 208
  San Antonio, TX 78230-4818

● DEADLINE FOR SUBMISSION OF APPLICATIONS IS APRIL 30, 2019

Personal Data

Name: __________________________________________________________________________

Current Address: ___________________________ City________________________
State: ___________________________ Zip: ___________________________ Phone: ___________________________

Permanent (or summer)

Address: ___________________________ City________________________
State: ___________________________ Zip: ___________________________ Phone: ___________________________

Email: _______________________________________________________________________

Have you been a member of 4H or FFA at any time? ___ Yes ___ No If yes, describe your involvement.

____________________________________________________________________________________

Do you personally know a member of the Bexar County Master Gardeners or Texas Master Gardeners?

_____ Yes _____ No If yes, include name here: _______________________________________________
If asked to give a horticulture or related presentation to the Bexar County Master Gardeners, would you accept? ______ Yes ______ No. If yes, please briefly describe the nature of your presentation.
__________________________________________________________________________________
__________________________________________________________________________________

Would you apply for or accept an internship with the Texas A&M AgriLife Extension Service?
Yes ___ No ___ During the school year or during the summer? ____________________________

**Educational Background**

Name of school now attending: ________________________________________________________

_______ Two Year College  _______ Four Year College

_______ Graduate School  _______ Five Year Program

Name of school planning to attend in the fall: ___________________________________________

Transfer students: Have you been formally accepted to this school? _______________________
(If so, please include a copy of your acceptance letter.)

Major: _______________________ Proposed major or formally declared? _________________

Minor or area of specialization: ______________________________________________________

Year currently in school: ___ Sophomore ___ Junior ___ Senior ___ Fifth Year ___ Graduate student

How many years in college: ______________ Expected date of graduation: ____________

Total number of college hours completed: ______________

Number of hours currently carrying: ______________

Overall Grade Point Average: ___________ Grade Point Average in major: _______________

**Please list all colleges attended:**

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<tr>
<th>School</th>
<th>Dates Attended</th>
<th>Degree</th>
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**Activities/Interests:**

Please list any civic awards, honors, scholarships, or involvement in community service. You may also attach photographs of any horticultural or landscape project you have completed or designed.

__________________________________________________________________________________
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Extra-Curricular School Activities:
____________________________________________________________________________________
____________________________________________________________________________________
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Work Experience:
List all your work experience, whether or not related to chosen field of study. You may attach a resume.

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Special Consideration (OPTIONAL): This is a merit-based scholarship. Financial need will only be considered when qualifications are otherwise equal.

Describe any circumstances of the applicant or guardian which might be considered a financial hardship or otherwise warrant special consideration for this scholarship.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Statement of Goals:

Please state in 500 words or less your occupational goals. Include any background in horticultural related areas you feel is relevant.

Signature: ______________________________________  Date: ___________________

Extension programs serve people of all ages regardless of socioeconomic level, race, color, sex, religion, disability, or national origin. Texas A&M Agri-Life Extension Service, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating.