



FOND DU LAC COUNTY MASTER GARDENER ASSOCIATION
SCHOLARSHIP APPLICATION

PERSONAL DATA

Name: _____ Age: _____
 Last First Middle

Address: _____
 Street City State Zip

Telephone Number: _____ Email Address _____

Name of parent, guardian, or nearest relative: _____

What post-secondary institution do you plan to attend or are you attending?

_____ (First Choice)

_____ (Second Choice)

1. SCHOLARSHIP PROGRAM

The Fond du Lac County Master Gardener Association offers this scholarship in order to support and encourage students of our County to pursue careers in horticulture and related fields. The scholarship of \$500.00 is available to a Fond du Lac County resident, a graduating senior, or one who is already studying in the fields listed below at a college or technical school. The student receiving this scholarship should be enrolled in a full-time formal program of higher education, and plan to, or is already majoring in horticulture or a related field, such as environmental science, garden, landscape and floral design, etc.

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2. SCHOLARSHIP GUIDELINES:

Scholarships will be awarded on the basis of the following student criteria:

- a. Outstanding character
- b. Community and school activities and involvement
- c. Scholastic Ability
- d. Personal Statement

3. APPLICANT MUST:

- a. Be a county resident who is a full-time student in a horticulture-related field at a college or technical school.
- b. Submit a certified school transcript and two letters of recommendation. Applications without this requirement will not be considered.
- c. Interview with the scholarship committee.
- d. Send a completed application postmarked by April 1 or October 1, (Scholarships may be awarded twice a year)

To:

Fond du Lac County Master Gardener Association
400 University Dr, UW-EX Building
Fond du Lac, WI 54935

PERSONAL STATEMENT – Attach statement to application

It should cover the following items:

- 1. Describe the related field you plan to pursue or are pursuing.
- 2. Why do you wish to pursue a career in that field?
- 3. Limit personal statement to 500 words or less.

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A certificate of recognition will be presented to the scholarship recipient at a meeting of the Fond du Lac County Master Gardener Association.

Upon proof of enrollment, the scholarship check will be sent to the recipient – payable jointly to the recipient and the college of choice.
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EDUCATIONAL DATA

APPLICANTS MUST ATTACH A CERTIFIED HIGH SCHOOL, COLLEGE, OR TECHNICAL SCHOOL TRANSCRIPT. Name and address of high school, college or technical school _____

ACTIVITIES (SCHOOL)

*****SCHOOL INVOLVEMENT*****	9th	10th	11th	12th
	FR	SO	JR	SR
*****COMMUNITY INVOLVEMENT*****	9th	10th	11th	12th
	FR	SO	JR	SR

I hereby certify that the data I have submitted is correct to the best of my knowledge.

Signature _____

Date Submitted _____