GLACIAL GARDENERS VOLUNTEER ASSOCIATION \$500 SCHOLARSHIP

STUDENT/COLLEGE APPLICATION FORM

REQUIREMENTS:

Resident of one of the following counties:

- Florence or Marinette Counties of Wisconsin
- Iron or Dickinson Counties of Michigan

Pursuing a 2-or 4- year degree in one of the following majors or degree programs

- Agricultural and Applied Economics
- Agricultural Education
- Agronomy (Soil management and crop production)
- Botany (physiology, structure, genetics, ecology, distribution, classification & economic importance of plants)
- Entomology
- Environmental Science
- Forest Service
- Horticulture
- Landscape Architecture
- Plant Pathology
- Soil Science
- Wildlife Ecology

Completed application must be postmarked by June 16, 2024.

| Full Name: | | | | |
|-----------------------|-------------------------|--------|---------------------|--------|
| (First) | | (M.I.) | | (Last) |
| Home Address: | 0(1) | | | |
| (| Street) | | | |
| | (City, State, Zip Code) | | | |
| Email: | | | | |
| Phone: | | Age: | Grade Point Average | : |
| Parent's or Guardiar | ı's Name: | | | |
| High School: | | | | |
| Name of Institution y | ou Plan to Attend: _ | | | |
| What is vour Maior: | | | Minor: | |

| How long is your education programyears What year are you in | | | | |
|--|--------|--|--|--|
| ate your long-range career goal: | State | | | |
| ny do you think you should be chosen as a recipient of this award? | Why d | | | |
| clude the following items with your application: | Includ | | | |
| A list of clubs, extracurricular activities, internships, or specialty classes which you have recently taker or are involved in, with a brief description. How do you think your involvement in these activities wil impact your field of study? | 1. | | | |
| 2. A typewritten essay of at least 500 words that explains why you have chosen your particular field of study and what will be your future impact or contributions to that field. | 2. | | | |
| Three adult letters of recommendations: A teacher/college professor Your advisor A person of your choice who is not related to you. | 3. | | | |
| Please include their addresses and telephone numbers. | | | | |
| 4. A copy of your most recent transcripts. | 4. | | | |
| Signature of Applicant Date | S | | | |
| ease submit application to: | Please | | | |

glacial.gardeners@gmail.com