KENT COUNTY MASTER GARDENERS
2019 KENT MASTER GARDENERS PLANT & SOIL SCIENCE, HORTICULTURE SCHOLARSHIP APPLICATION

Full Name_______________________________ Date of Birth__________________

Address____________________________________________________________________

E-Mail Address___________________________ Phone Number_______________

SSN or University ID # (for payment)__________________________________________

Length of time at this address __________ previous address (if less than two years):

__________________________________________

Father’s Name and Occupation______________________________________________

Mother’s Name and Occupation_____________________________________________

Name of High School/College/University/ and graduation year __________________

GPA (current year)_______ last year_________ Enclose transcripts (must be official)

Name of college or university you plan to attend, or are attending, if possible, please
attach a copy of your acceptance _________________________________________

College/University enrollment date ____________ Major/Minor__________________

On a separate sheets:
* List extra-curricular clubs and activities
* Awards and Honors received
* Hobbies and special interest

_______ Did you attach two letters of recommendation from non family members?

_______ Did you attach a 100 +/- word statement of your education and career goals?

_______ Did you attach the activities, awards and interest information for current year?

I hereby certify that all the information on the application is true and correct.

________________________________         ____________________________
Signature Date

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