KENT COUNTY MASTER GARDENERS
2020 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 sheet(s):

* 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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