Seneca County MG Scholarship Application for ________________________________

Seneca County, Ohio
Master Gardener Scholarship Application Packet

The Master Gardeners of Seneca County, Ohio is a volunteer group helping OSU Extension to educate and assist the community in horticultural pursuits.

Residency/School The applicant must meet the following criteria:

1. Presently is a Seneca County resident or
2. Graduate of a Seneca County High School or Mohawk High School (Seneca County resident)
3. Be an American citizen

The applicant must be pursuing a college degree in PLANT SCIENCE, such as in the areas of AGRONOMY, BOTANY, HORTICULTURE, FORESTRY, or LANDSCAPING.

College applicants must submit their COLLEGE TRANSCRIPT. Recent High School graduates must submit their HIGH SCHOOL TRANSCRIPT AND COLLEGE FIELD OF STUDY.

Deadline: The scholarship committee must receive your application packet by May 1. Completed applications may be mailed, hand delivered or sent electronically to:

Master Gardener Scholarship
OSU Extension of Seneca County
3140 S. State Route 100
Tiffin, OH 44883

or

Tim Mannas
Vice President
Seneca County Master Gardeners
TankCarTim@hughes.net

Help: You may add space or additional pages if needed. Please keep the pages numbered with your name printed on them. If you have questions, you may contact the Master Gardener Scholarship Committee by email: senecama@cfaes.osu.edu or TankCarTim@hughes.net

Checklist: Please Include all the following in your application packet.
- Personal Information and Tell Us More about You Sheets.
- Transcript from the college or high school.
- Two Letters of Recommendation.
- Signature and permission to your check information.
- Print your name at the top of each sheet that you enclose and consecutively number each sheet.

Signature for verification and permission.

I certify that all the contents of this scholarship application have been checked by me and that everything is true. I give permission to persons mentioned in this application packet to speak with members of the Seneca County Master Gardener Scholarship Committee concerning this packet and me.

Signed __________________________________________

Date __________________________________________
Seneca County MG Scholarship Application for ________________________________

Personal Information

Your Name __________________________________________________________
(Please print clearly.)

Check all appropriate categories that describe you.

_________ Seneca County resident

_________ High School graduate of ________________________________
(Name of High School)

Graduation year________

College _________________________________________________________
(Name of college)

_________ Freshman

_________ Sophomore

_________ Junior

_________ Senior

_________ Graduate Student

________________________________ List major field of study

Your Full Address: _________________________________________________
(Please print clearly)

________________________________

________________________________

Your Home Phone: ____________________________

Your Cell Phone: _____________________________

Your Email Address: _____________________________________________

Tell Us More about You (Please type on separate paper).

A. Please list and describe any curricular or extra-curricular activities or jobs involving the plant science in which you have been involved. Give details on your own personal participation.

B. Please list and describe any awards you have received or your achievements.
Seneca County MG Scholarship Application for

Please type on separate paper.

C. Please list and describe any volunteer service activities in which you have participated. Give details on your own personal participation.

D. Please write a brief statement of 300 words or less discussing your thoughts about the importance of plant sciences and how you want to be involved in it in the future. Include your intended major or course of study and how you will use it.
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Letters of Recommendation

Please include two letters of recommendation from people familiar with your CHARACTER AND WORK ETHIC. These should be typed.

We suggest that you ask a professor, coach, advisor, work supervisor, club leader, youth leader, pastor, or counselor, but NOT a relative.

We ask that the reference include TELEPHONE CONTACT INFORMATION for daytime or a cell phone number.

Please tell your references that we may be contacting them about you.

Reference Name printed: _________________________________________________

Home address: _________________________________________________________

______________________________________________________________

Email address: _________________________________________________________

Cell phone: ___________________________________________________________

Their relationship to you: _______________________________________________

How long have they known you: _________________________________________

(The letters of recommendation should be typed on separate pieces of paper and included in your packet, but you must fill out the information above. Insure the individuals recommending you date the letter include your name on it and sign the letter of recommendation.)
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