Benton County Master Gardeners' Scholarship Application

The BCMG Scholarship provides \$1,500 to assist a Benton County Arkansas high school senior seeking a college degree in a plant science related field, including but not limited to horticulture, botany, agronomy, forestry, plant science, landscape architecture/design, and turf management.

Instructions

Application

- 1. Completely fill out all sections. Failure to complete all sections can result in disqualification.
- 2. Attach a copy of your high school transcript **and** ACT (or equivalent) scores.
- 3. Attach essay from the Career Goals section.
- 4. Attach two letters of recommendation.
- 5. Sign and date the application in the space provided.
- 6. You need to be willing to be interviewed for this award.
- 7. Submit completed application:
 - <u>Email</u> electronic applications to <u>scholarships@bentoncountymastergardeners.com</u> <u>must be</u> <u>emailed by 11:59 PM Thursday, February 29th, 2024</u>; emails marked on or after March 1st, 2024 will be disqualified.
 - <u>Mail</u> written applications to the Benton County Extension Office must be postmarked by 11:59
 PM Thursday, February 29th, 2024; applications postmarked on or after March 1st, 2024 will be disqualified.

Benton County Master Gardeners Scholarship Committee C/O Benton County Extension Services 1204 SW 14th Street, Ste 2 Bentonville, AR 72712

Name:		
Address:		
City:	State/Zip Code:	
Telephone:	E-Mail:	

Permanent Address, if different from above from above _____

High School from which you will graduate:

Educational Plans : List the college/university in which you are enrolled or that you plan to attend.	
1 st choice	Have you been accepted?
2 nd choice	Have you been accepted?
•	extracurricular, volunteer, church, and community activities. Include you have received. Attach an extra sheet if necessary.
Career Goals: Attach a 200-300 science career and your career goals.	words, double-spaced statement describing your interest in a plant als.
	Ferences below who would recommend you for this please). Letters of recommendations from the individuals listed below ed scholarship application.
Name:	
Telephone:	E-Mail:
Name:	
Telephone:	E-Mail:
Applicant Signature:	
I hereby certify that the information	on presented on this application is correct.
Signature of Applicant	

Notice: The Master Gardener Program is a part of the University of Arkansas System Division of Agriculture Cooperative Extension Service which offers its programs to all eligible persons regardless of race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.