



# Bexar County Master Gardener Scholarship Application Form



### Instructions

- Complete the application form. All pages should be filled out entirely.
- Attach at least **two typed or printed letters** of recommendation. ***One letter must be from an instructor in your field.*** Other letter(s) may be from any of the following: recent employer, club advisor, church leader, or any other qualified person, excluding a family member.
- Attach **college transcripts in a sealed envelope**. You must submit a transcript which includes your most recent semester.
- Return completed application and required supporting documentation to:  
Scholarship Committee Bexar County Master Gardeners  
3355 Cherry Ridge Drive, Suite 208  
San Antonio, TX 78230-4818
- **DEADLINE FOR SUBMISSION OF APPLICATIONS IS APRIL 30, 2020**

### Personal Data

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent/Summer Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you been a member of 4H or FFA at any time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe your involvement:

\_\_\_\_\_  
\_\_\_\_\_

Do you personally know a member of the Bexar County Master Gardeners or Texas Master Gardeners?

\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, include name: \_\_\_\_\_

If asked to give a horticulture or related presentation to the Bexar County Master Gardeners, would you accept?

\_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, please briefly describe the nature of your presentation.

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Would you apply for, or accept, an internship with the Texas A&M AgriLife Extension Service?

\_\_\_\_ Yes      \_\_\_\_ No.      During the school year or during the summer? \_\_\_\_\_

**Educational Background**

Name of school now attending: \_\_\_\_\_

\_\_\_\_ Two Year College      \_\_\_\_ Four Year College  
\_\_\_\_ Graduate School      \_\_\_\_ Five Year Program

Name of school planning to attend in the fall: \_\_\_\_\_

Transfer students: Have you been formally accepted to this school?      \_\_\_\_ Yes      \_\_\_\_ No

(If yes, please include a copy of your acceptance letter.)

Major: \_\_\_\_\_ Proposed major or formally declared? \_\_\_\_\_

Minor or area of specialization: \_\_\_\_\_

Year currently in school:    \_\_ Sophomore    \_\_ Junior    \_\_ Senior    \_\_ Fifth Year    \_\_ Graduate student

How many years in college: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

Total number of college hours completed: \_\_\_\_\_ Number of hours currently carrying: \_\_\_\_\_

Overall Grade Point Average: \_\_\_\_\_ Grade Point Average in major: \_\_\_\_\_

Please list all colleges attended:

School	Dates Attended	Degree	GPA

**Activities/Interests:**

Please list any civic awards, honors, scholarships, or involvement in community service. You may also attach photographs of any horticultural or landscape project you have completed or designed.

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Extra-Curricular School Activities:

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**Work Experience**

List all your work experience, whether or not related to chosen field of study. You may attach a resume.

<u>Employer</u>	<u>Job Duties</u>	<u>Dates</u>

Special Consideration (OPTIONAL): This is a merit-based scholarship. Financial need will only be considered when qualifications are otherwise equal. Describe any circumstances of the applicant or guardian which might be considered a financial hardship or otherwise warrant special consideration for this scholarship.

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**Statement of Goals:** Please state in 500 words or less your occupational goals. Include any background in horticultural related areas you feel is relevant.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Extension programs serve people of all ages regardless of socioeconomic level, race, color, sex, religion, disability, or national origin.*  
Texas A&M Agri-Life Extension Service, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating.