

Geauga County Master Gardener Volunteers  
of The Ohio State University Extension

Academic Scholarship Application



*For future or current students of The Ohio State University or  
OSU Agricultural Technical Institute*

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (city, zip): \_\_\_\_\_

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Current OSU campus (for those currently enrolled): \_\_\_\_\_

**All answers to the following questions should be typed and  
submitted on a separate sheet of paper.**

1. How did you find out about this scholarship?
2. What or who has influenced your interest in horticulture, agriculture, environmental science or other closely related field.
3. What community or school activities have you found most rewarding?  
Why?
4. What academic courses have you enjoyed the most? Why?
5. What is the one thing you have accomplished in your academic life that you are most proud of? Why?
6. What do you plan to do with your college degree after graduation?

7. Why do you believe you should be awarded a scholarship from the Geauga County Master Gardeners Volunteers?
  
8. What additional comments can you provide to assist the scholarship committee in its decision-making process?

*Work Experience:*

<u>Employer</u>	<u>Supervisor (name &amp; phone)</u>	<u>Position</u>	<u>Dates of Employment</u>
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The information provided on this application for a Geauga County Master Gardener Volunteers' Scholarship is true and accurate to the best of my knowledge. I understand that except for emergencies, illness or military service, I am expected to complete the school year term for which this scholarship was awarded or forfeit the entire value of the scholarship.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

7.25.2106

