

County 76 Master Gardeners
2301 South University Avenue
Little Rock, Arkansas 72204
mg@uaex.edu



2021-2022 Academic Year

Janet B. Carson
County 76 Master Gardeners' Scholarship Application

Description: This is a \$1,000 scholarship to assist an *Arkansas high school senior* in the pursuit of a post-secondary degree at an **Arkansas** college or university in a **plant science related field**, including but not limited to horticulture, botany, agronomy, forestry, plant science, landscape architecture/design, and turf management.

Instructions:

1. Completely fill out all sections. Failure to complete all sections may 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 letters of recommendation.
5. Sign and date the application in the space provided.
6. Submit completed application **postmarked by March 10, 2021**. Applications postmarked after March 10, 2021 will be disqualified.

TO: County 76 Master Gardeners' Scholarship Committee
ATTN: Master Gardener Office
2301 South University Avenue
Little Rock, Arkansas 72204

Name: _____

Address: _____

City: _____ State/Zip Code: _____

Telephone: _____ E-Mail: _____

Permanent Address, if different from above: _____

Educational Plans: List the **Arkansas** college or university in which you are enrolled or that you plan to attend:

1st choice _____ Have you been accepted? _____

2nd choice _____ Have you been accepted? _____

What is your planned major? _____

Activities and Honors: List your extracurricular, volunteer, church, and community activities. Include any offices held and awards that you have received. Attach an extra sheet if necessary:

Career Goals: Attach a 300 words or less double-spaced statement describing your interest in a plant science career and your career goals.

Recommendations: Please list two references below who would recommend you for this scholarship (no family members, please). Letters of recommendations from the individuals listed below must be attached to the completed scholarship application.

Name: _____

Telephone: _____ E-Mail: _____

Name: _____

Telephone: _____ E-Mail: _____

Applicant Signature:

I hereby certify that the information presented on this application is correct.

Signature of applicant

Date

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.