

Baxter County Master Gardener Scholarship Application

Description: This is a one-time \$1,000.00 scholarship awarded annually to assist a student in the pursuit of a college degree in any field of study. Recipients may re-apply in succeeding years. Student must be a Baxter County resident, but educational facility can be out of Baxter County. This scholarship will be awarded by August 31, 2023. Student must be a full time student.

The BCMG Board of Directors will review all applications and the decisions of this body shall be final.

Eligibility:

1. Must be a Baxter County high school senior, either conventional or home schooled, or a full-time undergraduate student in a college/ University system.
2. Must be pursuing a college degree.
3. Must have a minimum of a 2.75 GPA on a 4.0 POA from high school and/or a 2.5 GPA from college.

Instructions:

1. Completely fill out all sections.
2. Attach a copy of your high school transcript, ACT (or equivalent if available) or college transcript to date.
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 application postmarked July 31, 2023 to:
Baxter Counter Master Gardener Scholarship
C/O Baxter County Cooperative Extension Service
3 E. 9th Street, Mountain Home, AR 72653

Name: _____

Legal Address: _____

Mailing Address (if different): _____

City: _____ State/Zip Code: _____

Telephone: _____ E-Mail: _____

Educational Plans: List the College or university in which you are enrolled or 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, awards that you have received, and projects related to field of study:

Career Goals: Attach a 300 words or less double-spaced statement describing your goals, aspirations, and career plans.

Recommendations:

Please list three references below who would recommend you for this scholarship (friend, employer, teacher; 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: _____

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.