



The Ohio State University
Portage Extension Master Garden Volunteers
Scholarship Application

The OSU Portage Extension Master Gardener Volunteers offer timely research-based gardening information to others. Toward this mission, we are offering a \$1,000 scholarship to be awarded to one applicant. Applicants are eligible to re-apply for future years.

RESIDENCY/SCHOOL: The applicant must be a:

- Portage County resident, or
- graduate of a Portage County high school, or
- graduating senior from a Portage County high school

COLLEGE, UNIVERSITY, OR TECHNICAL SCHOOL:

- The applicant must be pursuing a **PLANT SCIENCE** degree, such as, but not limited to, the areas of **AGRONOMY, BOTANY, HORTICULTURE, FORESTRY, LANDSCAPING, ENVIRONMENT, CONSERVATION, or AGRICULTURE.**
– and –
- Graduating high school seniors or others who have *not* started their program of study at a college, university, or technical school must a high school transcript.
– or –
- Applicants who *have* started their program of college study should submit a transcript from the school.

DEADLINE: The scholarship committee must receive your application packet by March 15. Your application will not be considered if it is not complete.

COMPLETED APPLICATION may be:

- **Mailed to:** Master Gardener Scholarship
OSU Portage Extension Office
705 Oakwood St, Suite 103
Ravenna, OH 44266 or
- **Emailed to:** portco.mgv.oh@gmail.com

HELP: If you have questions you may contact the Master Gardener Scholarship Committee by sending an email message to above email address.

CHECKLIST: Please include all the following in your application packet:

- D Personal Information and Tell Us More about You sheets
- D Transcript from the college, university, or technical school OR high school transcript
- D Two Letters of Recommendation
- D Signature and permission to check information (over)

Grade point average will break a tie, if necessary.

APPLICANT'S RESPONSIBILITY

In the event I am a recipient of the Portage County Master Gardener Scholarship, I understand that I will be ineligible for this scholarship if I receive a full scholarship from another source. It will be my responsibility to notify the Scholarship Committee of this ineligibility so the alternate may receive this scholarship. I understand that if I fail to register in the fall semester, the scholarship will be awarded to the alternate.

Signed: _____ Date: _____

DISCLAIMER:

Members of the Scholarship Committee representing the Portage County Master Gardeners will review all applications. All applicants will be notified in writing. All applications and accompanying documents will remain the property of the Portage County Master Gardeners.

PERSONAL INFORMATION (Please print clearly):

YOUR NAME: _____

CHECK ALL APPROPRIATE CATEGORIES THAT DESCRIBE YOU:

- ☐ D Portage County Resident
- ☐ D A graduate of this Portage County high school: _____ High School
Graduation Year _____
- ☐ D Attending this Portage County High School: _____ High School
- ☐ D Portage County High School graduating senior

YOUR FULL ADDRESS:

YOUR PREFERRED PHONE: _____

YOUR EMAIL ADDRESS: _____

TELL US MORE ABOUT YOU: (Please attach additional pages with your responses.)

- Describe any curricular or extracurricular activities or jobs involving the plant sciences in which you have been involved. Give details of your own personal participation.
- List any awards you have received, or your achievements.
- Describe any volunteer service activities in which you have participated, with details of your own personal participation.
- Please write a brief statement of 300 words or less discussing your thoughts about the importance of the plant sciences and how you want to be involved in them in the future. Include your intended major or course of study. Tell us about you and why you are the best applicant for this scholarship.

LETTERS OF RECOMMENDATION:

Please include two letters of recommendation from people familiar with your CHARACTER and WORK ETHIC. We suggest you ask a teacher, coach, advisor, work supervisor, club leader, youth leader, pastor, or counselor, but not a relative. Please tell your references we may be contacting them about you.

LETTER OF RECOMMENDATION

APPLICANTS NAME : _____

REFERENCE INFORMATION:

Reference Name printed: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Relationship to Applicant: _____ How long have you known the applicant? _____

(The space below may be used for the letter of recommendation, or the letter may be written on a separate sheet.)

Signature of Reference: _____ Date: _____

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