

Hendricks County Master Gardener Scholarship Guidelines

About the Program

Scholarship Description:

The Hendricks County Master Gardener (HCMG) Scholarship is a scholarship for a student pursuing an education in an agricultural field of study.

Eligibility:

Applicant must be a graduating Hendricks County, Indiana high school senior.

Scholarship Amount:

One \$1,500 scholarship awarded 50 percent for the fall semester, and 50 percent for the spring semester made payable directly to the learning institution.

Scholarship Eligibility Criteria:

Recipient is required to be a full-time student, to maintain a minimum C GPA, and have a confirmed enrollment at any accredited college or university in an agricultural program. Should the applicant drop out of school, the learning institution will be instructed to return the scholarship money to the HCMG. An applicant may not be a family member (including spouse, brothers and sisters by whole or half blood, ancestors, children, step-children, grandchildren, great grandchildren) of a person who is currently serving as a member of the HCMG Scholarship Committee.

Scholarship Deadline:

Postmarked no later than **June 8, 2021**

Required Documents

- Completed application, including
 - one-page essay of no less than 200 words
 - information on clubs, organizations, community and/or civic involvement
 - authorized release to use name for news media
- 2 Letters of recommendation from a mentor, teacher, employer, etc.
- Official high school transcript
 - Documents required for second installment (\$750) of awarded scholarship paid in January*
- College transcript from Fall Semester (showing "C" average has been maintained)
- Proof of enrollment (i.e. Class schedule) for Spring Semester as a full-time student
 - These documents must be sent to the same address as original scholarship application*

Application Review and Award Process

- All applications will be reviewed by the HCMG Scholarship Committee
- Winner will be notified by July 8 2021.
- A press release will be issued
- August 1st a check will be issued to the office of financial aid to the recipient's chosen learning institution with instructions on how to handle payment each semester, including drop out issues

Contacts

- Questions may be directed to *Coletta Kosiba. 317-852-5073*
- Applications are to be mailed to:
Hendricks County Extension Office
Attn: HCMG Scholarship Committee
P.O. Box 7
Danville, IN 46122

Hendricks County Master Gardener Scholarship Application

Applicant Profile

1. Legal Name:
2. Name to Use in Publicity:
3. Home Address:
4. Home Phone:
5. Applicant Email:
6. Date of Birth (MM/DD/YYYY): / /
7. Gender (M or F):

Legal Guardian

1. Name of Guardian(s):
2. Address:
3. Phone: - -

High School Information

1. High School Name:
2. Address:
3. Guidance Counselor:
4. Phone:
5. Email:

Academic Information

1. Graduation Date (MM/DD/YYYY): / /
2. Grade Point Average (GPA):
3. Class Rank (Rank/Total): /
4. Honors Received:
5. School and Community Involvement (Clubs, organizations, leadership roles, civic and community involvement):
6. Work Experience(s):

Narrative

1. In 200 words, explain why the scholarship committee should choose you as a scholarship recipient:

Educational Plans

1. College/School of Acceptance:
2. Campus Address:
3. Area of Study:
4. Two or Four Year Program:

Support Documentation

Attach the following items with your application submission:

- A copy of your college/school acceptance letter.
- School transcript, showing proof of grade point average
- Two (2) letters of recommendation from Advisor, Educator, Mentor, Employer, etc.

Statement of Applicant

I certify the information provided in the online application is, to the best of my knowledge, true and correct. I certify that I am not the family member (including spouse, brothers and sisters by whole or half blood, ancestors, children, step-children, grandchildren, great grandchildren) of a person who is currently serving as a member of the Hendricks County Master Gardener (HCMG) Scholarship Committee for the scholarships for which I am applying. I understand this application is subject to verification by HCMG Scholarship Committee at its discretion.

Signature of Applicant: _____ Date: / /

Press and Media Release

I hereby authorize the HCMG Scholarship Committee to release any information necessary for the completion and processing of my application for a scholarship. I also authorize the use of my name, photograph and application information for press and media purposes. If applicant is under 18 years of age, a guardian must also sign below.

Signature of Applicant: _____ Date: / /

Signature of Guardian: _____ Date: / /

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