

TRI-COUNTY BRANCH

NY Division

WOMAN'S NATIONAL FARM AND GARDEN ASSOCIATION

Application for \$500 Scholarship Incentive Award

Scholarship for graduating high school senior or advanced student from areas in which members reside , who are majoring in an agricultural , environmental, forestry , horticultural or oceanographic related field. Presentation will be made at graduation and paid to recipient upon proof of successful completion of the first college semester.

Completed application must be received on or before May 1st.

Application must include the following:

1. Completed application form
2. Copy of high school transcript
3. Letter proving college acceptance (copy acceptable)
4. At least 2 letters of recommendation, in addition to references
5. Return by May 1st to :

Fay M. Graham, Scholarship Chairperson
176 Coot Hill Rd., Argyle, NY 12809

If you have any questions, please call Fay at (518)638-8861

Application for Scholarship Incentive Award

Name _____ Age _____

Address _____

Telephone _____ Email _____

Father's Name _____ Occupation _____

Address _____

Mother's Name _____ Occupation _____

Address _____

School presently attending, and/or school from which you have graduated, include year:

College you plan to attend: _____

Area of Major: _____

Financials:

Probable (estimated) Cost Per Year:

Tuition _____

Room _____

Board _____

Books _____

Misc. _____

TOTAL: _____

Anticipated Financial Aid:

Parental help _____

Self help/Savings _____

Summer work _____

Scholarships _____

Loans _____

TOTAL: _____

The following questions may be answered on separate paper(s).

School Organizations – past and current membership, including dates and offices held:

Community Organizations – past and current membership, list dates and offices held:

Other information you would like the selection committee to know about you. (ex. Family obligations, employment obligations, etc.)

Please give a statement explaining your reasons to seek this award:

REFERENCES:
List names and addresses of at least 3 people familiar with you and your family, other than relatives. These references are in addition to those who have written your letters of recommendation. Additional names may be listed on the back of this application. The Scholarship committee may refer to them.

Name: _____ Telephone _____
Address _____

Name: _____ Telephone _____
Address _____

Name: _____ Telephone _____
Address _____

Date of this application: _____

Signature of Applicant

Signature of Parent or Guardian