

Extension Master Gardener Volunteer Association of Cabarrus County

SCHOLARSHIP APPLICATION

Personal

Name, last, first, middle _____

Present Address _____

Contact Information (phone, email) _____

Father/Guardian _____

Employer/Occupation _____

Mother/Guardian _____

Employer/Occupation _____

Educational Objectives

College/University _____

Intended Major _____

Please list other scholarships applied for and include their amounts

High School

Name of School _____

Club Positions Held, Honors, Awards

Extra curricular activities and projects including civic, community, etc.; work experience;

Signature of Applicant _____

This section to be completed by the school guidance counselor

Applicant Class Rank _____ Number in Graduating Class _____

Cumulative GPA _____

Signature _____

Mail all materials to: EMGVACC Scholarship Program, Cabarrus County Extension Office, 715 Cabarrus Avenue-West, Concord, NC 28027

January 2017