



UNIVERSITY OF GEORGIA
EXTENSION
Paulding County



Paulding County Master Gardener Extension Volunteers Local Scholarship

Paulding County Cooperative Extension, Mailing: 530 West Memorial Drive, Dallas, Georgia 30132

I. Scholarship:

1. This Scholarship offered by the Paulding County Master Gardener Extension Volunteer is available to Paulding County residents that are incoming freshmen or students attending post-secondary accredited institutions.

II. Purpose of the Scholarship Program:

The Paulding County Master Gardener Extension Volunteer scholarship gives first consideration to students in the following fields of study: Agriculture, Horticulture, Landscaping, Forestry, Botany, Biology and to Paulding County 4-H Seniors. The total amount to be awarded will be administered by a scholarship committee.

III. Terms Under Which Scholarships Are Awarded:

2. The award will be issued in accordance to the rules set forth in the Paulding County Master Gardener Extension Volunteer Scholarship Guidelines and this application. The recipient is expected to attend a Master Gardener Event for a photo that can be used in future publicity.
3. Up to \$1000 (depending upon Scholarship funds available) to be used for tuition and/or fees required for enrollment, books, supplies and/or equipment required for course work in the chosen major at an accredited college, university or technical/vocational school in the state of Georgia.
4. It is the responsibility of the recipient to furnish any needed information (acceptance letters, proof of enrollment, for example) required for disbursements of scholarship funds. The recipient should allow four weeks for processing and be aware of all local scholarship deadlines.
5. The recipient is expected to remain a student in good standing at the post-secondary institution. The Paulding County Master Gardener Extension Volunteers should be notified by the student immediately upon a status change. Grade reports or other data may be requested and must be submitted upon request. Failure to remain a student in good standing may endanger the receipt of the funds for the remaining balance.
6. In the event a student is unable to complete a quarter/semester at the post-secondary institution and must withdraw from school, written notification must be made to the *Paulding County Extension* office. Reasons for withdrawal must be clearly stated, as well as intentions for the future. The local scholarship committee reserves the right to request restitution of monies expended for the quarter/semester of withdrawal from the post-secondary institution.
7. Payment will be made to the student through the college/tech school's Financial Aide office. If the recipient fails to correspond with or contact the committee for 6 months, he/she will forfeit all monies left in the scholarship. Local scholarship monies should be used within 1 year (by June 1, 2021). Unused scholarship funds will be returned to the local scholarship fund.
8. The Paulding County Master Gardener Extension Volunteers reserve the right not to award this scholarship if no suitable applicant is found.
9. Failure to meet the application deadline will result in the applicant not being considered.

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Applicants must complete and submit the following items:

- This signed policy acknowledgment page
- Completed Scholarship Application Package
- Personal Letter by applicant
- High School Transcript or most recent College transcript (Counselor Page)
- Three completed Scholarship Reference Forms. **Print 3 copies** of this reference form and have the references listed on your application complete it, seal it in an envelope with their signature across the seal and return it to you to be submitted as part of a completed application package.

Deadline for returning all forms: 5 PM, Wednesday March 16, 2020

Please return this form to:

**Paulding County Master Gardener Extension Volunteers
Attention: Scholarship Committee**

Mail or Deliver to: 530 West Memorial Drive
Dallas, Georgia 30132

I have read the Paulding County Master Gardener Extension Volunteer Scholarship rules and regulations governing the acceptance of the scholarship, and I agree to abide by them if chosen to receive a scholarship.

Recipient's Signature



UNIVERSITY OF GEORGIA
EXTENSION
Paulding County

Date



Paulding County
**Master Gardener
Extension Volunteers**



**Paulding County Master Gardener Extension Volunteers
Local Scholarship**

Paulding County Cooperative Extension
530 West Memorial Drive
Dallas, Georgia 30132

Local Scholarship Application

1. Full Legal Name: _____
2. Address: _____ Phone # _____
3. Date of Birth: _____ Student ID # _____
4. Where do you plan to attend college? _____
5. What is your intended college major? _____
6. When do you plan to begin college? _____
7. List the names and occupations of at least 3 people whom you will be using as references (excluding relatives) for the local scholarship. Tell how long you have known them. (Print 3 copies of the reference form and have these people complete them, seal them in an envelope with their signature across the seal and return them to you to be submitted as part of a completed application package.)

8. Please list high school you attend(ed): _____
If you attended any other high schools, please list each one.

9. List any clubs or organizations to which you belong. Give any office that you may have held.

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10. List any awards or honors you may have won.

11. List any community or church organizations to which you belong. Give evidence of your level of responsibility.

12. How did you hear about our scholarship

13. Personal applicant letter. Please attach a typed letter. The applicant's letter should discuss background, career goals, financial need, and commitment to chosen field of study. Not to exceed two pages.

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Please return this form to:

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Attention: Scholarship Committee**

Mail: 530 West Memorial Drive
Dallas, Georgia 30132

For Completion by High School Counselor Only (******If you are not currently enrolled at a High School, please submit your most recent transcript -High School or College).**

GPA_____

Class Rank_____ out of _____

Signature of High School Counselor _____

Printed Name of HS Counselor _____

Date Completed: _____

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Scholarship Reference Form

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Please return this form to:

Attention: Scholarship Committee

Mail: 530 West Memorial Drive
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Name of Applicant: _____

Name of Reference: _____

Occupation of Reference: _____

How long have you known the applicant? _____

In what capacity? _____

If appropriate, please rate the applicant on the following characteristics.

	Below Average	Average	Above Average	Exceptional
Analytical Skills	_____	_____	_____	_____
Classroom Discussion	_____	_____	_____	_____
Creative Thinking	_____	_____	_____	_____
Growth Potential	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Intellectual Skills	_____	_____	_____	_____
Written Expression	_____	_____	_____	_____
Integrity	_____	_____	_____	_____
Personal Appearance	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Character	_____	_____	_____	_____

Tell us in your own words about the Scholarship Candidate. You may attach a letter or additional page if you wish.
