



Collin County Master Gardener Association

2010 Academic Scholarship Application

Personal Data

Full Name _____ Social Security # _____

Address _____ Telephone _____

City/State _____ Zip _____

Date of Birth _____ Proposed Major _____

Name of High School _____

High School Address _____

Cumulative GPA _____ Class Rank _____

If available, highest SAT or ACT score _____

Proposed college _____ Accepted? _____

Others colleges applied to _____

Subjects

Please list subjects for each year and grade received

1. _____

2. _____

3. _____

4. _____

HONORS/AWARDS

ACTIVITIES/ORGANIZATIONS

Please list those both in school and out with offices if any.

WORK EXPERIENCE

Please list dates and duties.

PLEASE ATTACH ESSAY OF 400 words or less describing your college goals.
SUBMIT TEACHER REFERENCE LETTER.

APPLICANT'S

SIGNATURE _____ DATE _____

SUBMIT by April 15 to:

Greg Church, Ph.D.
Attn: Scholarship Program
Texas AgriLife Extension Service - Collin county
825 N. McDonald Street, Suite 150
McKinney, Texas 75069

