**STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE/LIC. LEVEL:\_\_\_\_AGE\_\_\_DOB\_\_\_\_\_\_\_\_**

**INSTITUTION MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF PARENT(S) OR GUARDIAN(S) (If under 18)**

**Name(s) & Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ZIP\_\_\_\_\_\_\_\_\_**

**PHONES: HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student and Parent/Guardian (If under 18) initialing (in the \_\_\_ \_\_\_ \_\_\_ provided) and signing the document indicates that you attest that the information provided is true, correct and accurate.

* Student and if student is under 18 parent(s)/guardian(s) have read and understands the Overview of the Program \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Understands scholarship is for all degree, certificate or license program that will apply to the horticulture field \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Student is of the highest moral and ethical character, and has not had behavior infractions, nor been suspended or expelled from this or any other school or organization. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Student has a 2.5 or higher GPA. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Is actively involved in extra or co-curricular activities in school and/or the community \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Has exceptional leadership skills and potential, and uses those skills \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Student understands must provide proof of High School graduation \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Student understands must provide beyond High School documentation \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Will be enrolled (degree, certificate or license program) as Student for the 2021 year. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Student understands this scholarship MUST be used at a local institution \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Will complete and submit all required forms, documents and photos and the 300-word essay by the deadline date specified. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Student understands that if they are award the scholarship, the money will be deposited with the Institutions Development Department. (Funds are NOT given directly to the student).
* The student must provide proof of registration and their student number \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* If the student fails to register or drops the course, the scholarship money will be forfeited. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Student understands that the scholarship is for tuition, books, fees and/or certificate or license only. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Student MUST provide Nueces Master Gardener with proof of course completion mailed from institution. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Student and Parent(s)/Guardian(s) (if under 18) MUST attend the NMG December Graduation Program \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Student understands is responsible for getting documents, signatures and forwarding of all materials. Completeness is absolutely essential and is part of the committee evaluation process for the scholarship. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_
* Students who successfully complete the course, certificate or license program can apply for a follow-on scholarship.
* Student and Parent(s)/Guardian(s) pledge to honor the entirety of this contract \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Complete or Check all blocks that apply.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GPA |  |  | College Transcript, Certificate, License |  |
| Botanical or Gardening Courses |  |  | AP Courses Passed |  |
| Extra-Curricular Programs |  |  | Co-Curricular Programs |  |
| Honor or Other Societies |  |  | School Clubs and/or Organizations |  |
| Sports and other Organized Activities |  |  | Volunteer Activities |  |
| Non-School Organizations, Clubs, Activities |  |  | Awards, Honors or Recognitions |  |

**STUDENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRI NT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GAURDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRI NT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRI NT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degree/Certificate/License Advisor Certify: Sign above line and print below**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date**

**Institution Development Director Endorse: Sign above line and print below**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date**

RECOMMENDATION SCANNED AND EMAILED BY May 15, 2021.

|  |  |  |  |
| --- | --- | --- | --- |
| EMAIL TO: Nueces Master Gardeners, Inc. Attn: 2021 Scholarship CommitteeText  Description automatically generated NuecesMasterGardener@gmail.com | CONTACT PERSON: Scholarship Program Chairman

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| --- |
|  (361) 244-1658 |
|  NuecesMasterGardener@gmail.com |

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