2025 APPLICATION FORM - ROCKWALL COUNTY
MASTER GARDENER SCHOLARSHIP

Instructions: This form and all other required documents must be delivered or mailed to: Rockwall County Master Gardener Assn., Attn: Scholarship Committee, c/o Texas AgriLife Extension Service, 915 Whitmore Ste B. Rockwall, TX 75087. They may also be emailed to rockwallmg@ag.tamu.edu. Deadline requirements must be met. For more information visit our web site at https://txmg.org/rockwall/ or call 972-204-7660.

Name (Please print): _____
First MI Last

Address: _____
Street Apt. #

_____
City State Zip

Telephone: _____

Date of Birth: _____

E-mail address: _____

High School: _____
Name City State

High School Graduation Date: _____

Current resident of Rockwall County? _____Yes _____No

Planned College/University: _____
Name City State

Planned field of Major in College: _____

Name and address of Parents/Guardian: _____

_____

I give permission for my son/daughter to participate in the 2025 Rockwall County Master Gardener Scholarship application process:

Parent/Guardian's Signature _____

I certify that all the information in my application package is true, and that the application is made with the intent of majoring in a horticultural- related discipline, as defined in the Rockwall County Master Gardener Scholarship information sheet.

Applicant's Signature _____