

## SCHOLARSHIP APPLICATION

Name	
Home Address	
School Address	
E-mail address	
	Classification
Expected Date of Graduation	Grade Point Ratio
Extracurricular Activities	
Academic Awards and/or Honors  Professional Plans *	
*Please be specific. Use the back of this form for additional information if necessary.	
Please complete this form and essay and <b>return by Nov. 1, 2023, 4 p.m.</b> , to: Dr. Al Wagner, Room 225B, Horticulture/Forestry Science Bldg.	