

# DEKALB COUNTY MASTER GARDENER SCHOLARSHIP

## About the Donor

This scholarship is awarded by the DeKalb County Master Gardeners.

## Eligibility Criteria

This scholarship is a one-time award of \$750 to either a **graduating senior from any DeKalb County high school (DeKalb County, Indiana), graduating home schooled senior, or a current college student** that is studying **plant sciences, landscape design, horticulture**, or a related field at any college or university. Even though this is a non-renewable award, past recipients and college students meeting the criteria of this award may re-apply each year.

Applicant must also:

- Be a resident of DeKalb County
- Have a grade point average of 6.0 (C+) or higher
- Accepted/applied to a vocational, trade school or college of good standing

**Required Forms** (Complete and SAVE the forms, following the instructions listed below)

- Scholarship Cover Page
- Completed Application
- Essay
- College Transcript -Attach an OFFICAL copy of your college transcript to your application or have it sent electronically to [scholarships@dekalbfoundation.org](mailto:scholarships@dekalbfoundation.org) by your college.

## Deadline to Apply

Submit all documents as email attachments to [scholarships@dekalbfoundation.org](mailto:scholarships@dekalbfoundation.org) by **March 5, 2012**.

## Application Instructions

- **UPDATE YOUR ADOBE READER SOFTWARE** to prevent software problems. This free download is available at [www.adobe.com](http://www.adobe.com).
- **COMPLETE YOUR APPLICATION FILE ON A COMPUTER.** Handwritten applications are not accepted. If you have questions regarding the completion process, please contact your school's guidance office or Rosie Shinkel at DeKalb County Community Foundation at 260-925-0311 or [RosieShinkel@DeKalbFoundation.org](mailto:RosieShinkel@DeKalbFoundation.org).
- **SAVE** your application file in the following format **LastName.FirstName.pdf** (Example: Miller.John.pdf)
- **ADD THE FOLLOWING EMAIL ADDRESS TO YOUR EMAIL CONTACT LIST** to ensure you receive future email communications from DeKalb County Community Foundation: [scholarships@dekalbfoundation.org](mailto:scholarships@dekalbfoundation.org). Failure to add this address to your contact list could result in future communication from DeKalb County Community Foundation to be directed to your SPAM or junk mail folder instead of your inbox.

## Submit your application file

- E-mail your application file as an **attachment** to [scholarships@dekalbfoundation.org](mailto:scholarships@dekalbfoundation.org). On the subject line, use the following format: **Scholarship Application for LastName, FirstName**. (Example: Scholarship Application for Miller, John).
- You will receive a confirmation email message. It is your responsibility to monitor the email address provided on your application for correspondence with the Dekalb County Community Foundation. If you do not have an email address, communication will be directed to your high school guidance counselor.

# DEKALB COUNTY MASTER GARDENER SCHOLARSHIP

## COVER PAGE

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

### **DeKalb County Community Foundation Scholarship Eligibility Policy**

The community foundation makes every attempt to maintain impartiality when awarding educational scholarships. The following individuals and their relatives\* are not considered eligible for scholarships provided by the foundation:

- Foundation directors or officers
- Foundation employees
- Foundation scholarship committee members
- High school staff members directly involved in the selection process

For a director, officer, employee or scholarship committee member this restriction applies for the year scholarships are awarded and for two years after he/she is no longer connected with the foundation in a volunteer or paid position. For a high school staff member directly involved with the selection process this restriction applies only for the year the scholarships are awarded.

\*Relatives are defined as follows: Spouse, lineal descendents (children, grandchildren, great grandchildren whether by whole or half blood, step-children, step-grandchildren, step-great grandchildren) and their spouses, brothers and sisters (whether by whole or half blood) and their spouses, as well as ancestors. Other relatives (i.e. nephew, niece, etc.) are eligible to receive scholarships provided by the community foundation.

### **Release of Records/Disclosure Agreement**

The information that you provide in your scholarship application is kept confidential to protect your privacy.

Checking the boxes below assures us that you understand the following statements:

- I have requested that my college electronically send my transcript to [scholarships@dekalbfoundation.org](mailto:scholarships@dekalbfoundation.org). or an OFFICAL copy of my college transcript is attached to the application.
- I certify that all information given in every part of this application is true. I understand that falsification of information may result in termination of any scholarship awarded.
- I understand the DeKalb County Community Foundation's scholarship eligibility policy and am eligible to receive a scholarship.

# DEKALB COUNTY MASTER GARDENER SCHOLARSHIP

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ (mm/dd/yyyy)  
 High School: \_\_\_\_\_ Graduation Year \_\_\_\_\_  
 DeKalb County, Indiana Resident: \_\_\_\_\_ United States Citizen: \_\_\_\_\_ Gender: \_\_\_\_\_

## FAMILY INFORMATION

Name of father, stepfather or guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of mother, stepmother or guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Check if applicable:     Father deceased             Mother deceased             Parents divorced  
 Ages of other children in your family: \_\_\_\_\_ # of family members in college: \_\_\_\_\_

## COLLEGE INFORMATION

Year in college (upcoming academic year): \_\_\_\_\_  
 College or University attending: \_\_\_\_\_  
 City and State of School: \_\_\_\_\_  Full-time     Part-time  
 Major field of study: \_\_\_\_\_  
If part-time, # of credit hrs per sem. \_\_\_\_\_

## CAREER GOALS

Write a brief statement describing your career goals in the space below

# DEKALB COUNTY MASTER GARDENER SCHOLARSHIP

Last Name:

First Name:

<b>SCHOOL ACTIVITIES</b>		
List your extracurricular activities in the order of importance to you.		
Activity	Grade Participated (9,10,11,12)	Role or Leadership Position Held

<b>AWARDS AND HONORS</b>		
List any awards and honors you have received during high school.		
Award or Honor Received	Grade	Criteria Award Based On

<b>COMMUNITY SERVICE</b>			
These volunteer services must have taken place <b>outside</b> of school hours.			
Organization	Grade	Description of Services	Hours <small>(Total or per week)</small>

<b>EMPLOYMENT AND INTERNSHIPS</b>			
List your work and/or intern experience beginning with the most recent position.			
Organization	Type of Work	Dates Employed or Internship	Hours <small>(Total or per week)</small>

# DEKALB COUNTY MASTER GARDENER SCHOLARSHIP

## ESSAY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

*Note: This essay is to be completed on this page using a computer and the space provided below. The margins, type size and font are preset by the scholarship provider and are NOT to be changed. Attach to your completed application.*

Write a brief essay (200 words or less) stating why you deserve this scholarship, what your educational goals are and how you will use this money.

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