

Hendricks County Master Gardener Scholarship Guidelines

About the Program

Scholarship Description:

The Hendricks County Master Gardener (HCMG) Scholarship is a scholarship for a student pursuing an education in an agricultural field of study.

Eligibility:

Applicant must be a graduating Hendricks County, Indiana high school senior.

Scholarship Amount:

One \$4,000 scholarship awarded over 4 years; \$1000 per year, \$500 for the first semester, and \$500 for the second semester, made payable directly to the learning institution.

Scholarship Eligibility Criteria:

Recipient is required to be a full-time student, to maintain a minimum C GPA, and have a confirmed enrollment at any accredited college or university in an agricultural program. Should the applicant drop out of school, the learning institution will be instructed to return the scholarship money to the HCMG. An applicant cannot be a family member (including spouse, brother or sister by whole or half blood, child, step-child grandchild, great grandchild) of the chairperson who is currently serving the HCMG Scholarship Committee.

Scholarship Deadline:

Postmarked no later than **April 15, 2022**

Required Documents

- Completed application, including
 - one-page essay of no less than 200 words
 - information on clubs, organizations, community and/or civic involvement
 - authorized release to use name for news media
- 2 Letters of recommendation from a mentor, teacher, employer, etc.
- Official high school transcript

Documents required for all installments (\$500) of awarded scholarship paid in August and January of each qualifying year.
- *College transcript from previous Semester (showing “C” average has been maintained)*
- *Proof of enrollment (i.e. Class schedule) for following Semester as a full-time student These documents must be sent to the same address as original scholarship application*

Application Review and Award Process

- All applications will be reviewed without knowing names by the HCMG Scholarship Committee
- Winner will be notified by **May 4, 2022.**
- Winner will be invited to the Master Gardener Association Meeting on **May 17, 2022** to be introduced as the winning recipient and given a few minutes to inform the Association of their future plans.
- A press release will be issued
- August 1st a check will be issued to the office of financial aid to the recipient's chosen learning institution with instructions on how to handle payment each semester, including dropout issues

Contacts

- Questions may be directed to Scholarship Chairperson **Jan Myers, 317-313-1777**
- Applications are to be mailed to:
Hendricks County Extension
Office Attn: HCMG Scholarship
Committee
P.O. Box 7
Danville, IN 4612

Hendricks County Master Gardener Scholarship Application

Applicant Profile

1. Legal Name:
2. Name to Use in Publicity:
3. Home Address:
4. Home Phone:
5. Applicant Email:
6. Date of Birth (MM/DD/YYYY): / /

Legal Guardian

1. Name of Guardian(s):
2. Address:
3. Phone: - -

High School Information

1. High School Name:
2. Address:
3. Guidance Counselor:
4. Phone:
5. Email:

Academic Information

1. Graduation Date (MM/DD/YYYY): / /
2. Grade Point Average (GPA):
3. Class Rank (Rank/Total): /
4. Honors Received:
5. School and Community Involvement (Clubs, organizations, leadership roles, civic and community involvement):
6. Work Experience(s):

Narrative

1. In 200 words, explain why the scholarship committee should choose you as a scholarship recipient:

Educational Plans

1. College/School of Acceptance:
2. Campus Address:
3. Area of Study:
4. Two or Four Year Program:

Support Documentation

Attach the following items with your application submission:

- A copy of your college/school acceptance letter.
- School transcript, showing proof of grade point average
- Two (2) letters of recommendation from Advisor, Educator, Mentor, Employer, etc.

Statement of Applicant

I certify the information provided in the online application is, to the best of my knowledge, true and correct. I certify that I am not the family member (including spouse, brother or sister by whole or halfblood, child, step-child, grandchild, great grandchild) of the chairperson who is currently serving the Hendricks County Master Gardener (HCMG) Scholarship Committee. I understand this application is subject to verification by HCMG Scholarship Committee at its discretion.

Signature of Applicant: _____ Date: / /

Press and Media Release

I hereby authorize the HCMG Scholarship Committee to release any information necessary for the completion and processing of my application for a scholarship. I also authorize the use of my name, photograph and application information for press and media purposes. If applicant is under 18 years of age, a guardian must also sign below.

Signature of Applicant: _____ Date: / /

Signature of Guardian: _____ Date: / /