

# Hendricks County Master Gardener Scholarship Guidelines

## About the Program

**Scholarship Description**:

The Hendricks County Master Gardener (HCMG) Scholarship is a scholarship for students pursuing an education in one of the following:

* University or Technical School in an Indiana Undergraduate or Graduate School.
* Continuing Adult Education.
* Preference will be given to students pursuing a Horticulture Degree, Certificate or related Agriculture Field.

## Eligibility:

Applicant must be a Hendricks County, Indiana resident.

## Scholarship Amount:

Two ~ $2000 scholarships awarded directly to the learning institutions.

## 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, university or technical school in Indiana in a program of your choosing. Previous scholarship applicants may re-apply. 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, 2024***

## Required Documents

* Completed application, including
  + an essay of no less than 200 words
  + information on clubs, organizations, community and/or civic involvement
  + authorized release to use name for news media
* Two (2) Letters of recommendation from a mentor, teacher, employer, etc.
* *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
* Winners will be notified by ***May 7, 2024.***
* Winners will be invited to the Master Gardener Association Meeting on ***May 21, 2024***  to be introduced as the winning recipients 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, including drop out issues

## Contacts

* Questions may be directed to Scholarship Chairperson ***Teri Mitchum 210-413-3840***
* Applications are to be mailed to: Hendricks County Extension Office Attn: HCMG Scholarship Committee

P.O. Box 7 Danville, IN 46122

# Hendricks County Master Gardener Scholarship Application

## Applicant Profile

1. Legal Name:
2. Name to Use in Publicity:
3. Home Address:
4. Phone:
5. Applicant Email:

## 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:

## Support Documentation

Attach the following items with your application submission:

* + Two (2) letters of recommendation from Advisor, Educator, Mentor, Employer, etc.
  + A copy of your college/school acceptance letter.

## 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 half blood, 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 old, a guardian must also sign below.

Signature of Applicant: Date: / /

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