AGRICULTURAL ALLIANCE OF CITRUS COUNTY

CONTINUING EDUCATION SCHOLARSHIP AWARD

SCHOLARSHIP APPLICATION

*MAIL OR DELIVER TO:*

*AGRICULTURAL ALLIANCE OF CITRUS COUNTY - Scholarship c/o UF/IFAS — Citrus County Extension Service 3650 WEST SOVEREIGN PATH, SUITE 1 LECANTO, FL 34461*

## INFORMATION

* The Agricultural Alliance of Citrus County is committed to community education that promotes the environmental and economic benefits of sustainable agriculture.
* It is the desire of The Agricultural Alliance to assist youth in their educational endeavors. To that end, funds for scholarships to graduating high school seniors are being offered for the \_\_\_\_\_\_\_\_\_ school year.
* To be eligible, students must be an active and current 4-H and/or Future Farmers of America club member. Scholarships are available for students wishing to attend a two- year/four-year college or through a trade or technical school with a focus on agricultural sciences or closely related field of study. The number of scholarships awarded will be determined each year based on funding availability.
* For this award-year, three (3) scholarships of $1,000 each are available.

## ELIGIBILITY

Applicants must be:

* A resident of Citrus County, Florida.
* A \_\_\_\_\_\_\_\_\_\_ graduating high school senior.
* Accepted or awaiting determination from an eligible post-secondary institution.
* Be a member in good standing of a 4-H and/or FFA club.

## REQUIREMENTS

* Complete the attached application in full.
* Attach the following to your application:
	1. An official transcript displaying cumulative GPA from the high school.
	2. Briefly discuss your contribution to community through community service, clubs, and or work experience (paid or unpaid), including how it affected you and those you helped.
	3. Compose an essay not to exceed 500 words which summarizes two points: your planned agricultural career path in Florida agriculture, and your experiences in Florida agriculture which can include activities while in 4-H or FFA.
	4. 4. A letter of support (authors could include your 4-H club leader, FFA advisor, a teacher or employer)

## ADDITIONAL INFORMATION

* You may be contacted for an interview. Be prepared to attend a scheduled interview. Failure to attend will signify withdrawal of application.
* Decisions on awarded scholarships are made at the sole discretion of the Alliance. No appeals process is in place.
* Questions about the application process only should be forwarded to Marnie Ward at 352-527-5712.

## NOTICES

* The Alliance may make no accommodation for applications lost or delayed in the mail.
* Funds will be paid to the educational institution to cover tuition, or related fees. Exceptions to this are made on a case by case basis.
* Scholarship number and award size will be determined each year based on funding availability.

## PERSONAL INFORMATION

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| NAME |  |
| DAYTIME PHONE NUMBER |  |
| ADDRESS |  |
| CITY |  |
| ZIPCODE |  |

## EDUCATION INFORMATION

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| YEARS IN 4-H or FFA |  |
| NAME OF 4-H or FFA CLUB |  |
| HIGH SCHOOL |  |
| CUMULATIVE GPA |  |

What career do you plan to pursue?

What is the name and address of the school you plan to attend after high school graduation?

Have you been officially accepted into this school for the \_\_\_\_\_\_\_ school year?

[ ] Yes

[ ] No

ESSAY: Write an essay not to exceed 500 words which summarizes two points: your planned agricultural career path in Florida agriculture and your experiences in Florida agriculture which can include activities while in 4-H or FFA.

**Please have an advisor or club leader sign verifying the following**

I confirm that this 4-H or FFA is currently a member in good standing with this Citrus County 4-H or FFA Club.

|  |  |
| --- | --- |
| **Signature of 4-H Agent or FFA Advisor:** | **Date:** |

[ ]  I understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

I personally prepared my application and further affirm the information included is accurate. I agree to be interviewed by a group of persons for evaluation of my application, if requested to do so.

|  |  |
| --- | --- |
| **Signature of Applicant:** | **Date:** |

[ ]  I understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.