

STNGA SCHOLARSHIP OPPORTUNITY

APPLICATION

Return to the Association's office by May 15, 2013: Southeast Texas Nursery Growers' Association ,
Scholarship Committee, P. O. Box 1018, Columbus, TX 78934 or email your completed form it to info@stnga.org

APPLICANT DATA Last Name _____ First _____ Middle _____
Permanent Mailing Address _____ Apt # _____
City _____ State _____ Zip _____
Home Phone #: _____ Student Cell # _____
Date of Birth _____
Student Email Address _____
University/College Mailing Address _____

PARENT OR Father's Name _____ Phone _____
GUARDIAN DATA Address _____
Occupation _____ Employer _____
Mother's Name _____ Phone _____
Address _____
Occupation _____ Employer _____
Guardian's Name _____ Phone _____
Address _____
Occupation _____ Employer _____
Ages of Siblings _____ Number of siblings in college now _____

ARE YOU APPLYING FOR ANY OTHER SCHOLARSHIPS OR LOANS OR PRESENTLY HAVE A SCHOLARSHIP OR LOAN?

Name of Scholarship or Loan	Amount	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE YOU RECEIVED THIS SCHOLARSHIP BEFORE? Yes ____ No ____

List any special honors or awards you have received _____

Recommending Faculty Member _____
University _____
Department _____
Phone _____

UNUSUAL CIRCUMSTANCES If you have any special family or personal circumstances that have affected your ability to achieve in college or participate in college and/or community activities, please explain

STUDENT'S STATEMENT Attach a statement of not more that 100 words summarizing your plans as they relate to your educational and agriculture/agronomy/forestry/horticulture career objectives, your long-term goals, and reasons why a scholarship is desired.

Are you an immediate family member or otherwise related to any Southeast Texas Nursery Growers' Association Board Member, Staff Member, or Selection Committee Member?
Yes _____ No _____ If yes, please describe that relationship _____

APPLICANT'S SIGNATURE _____ **DATE** _____

