2024 Master Gardener Association of Ocean County, Inc. Scholarship Application

Print Clearly or Type

Student Name:		
Home Phone:	Cell Phone:	Birth date:
E-mail Address:		Bit ii date.
Parent or Guardian		
Name:		
Home or Cell Phone:		
	g to attend:	
Expected major/field of study: _		
fields include agricultural science, nat		orticulture or related fields (*Related itecture/design, forestry, turf grass science, e or environmental science.) Attach
List any horticulture related ac	tivities that you have participated in	during the last four years.
List any other school or commu	nity activities or work experience.	

Briefly describe your career goals. (Attach additional sheet if necessary.)			
List the names of two	people (not related to you)	who can attest to your character, ability and motivation	
and include a letter of	recommendation from eac	ch person with your application.	
1. Name:		Phone:	
Address:			
In what capacity does	this person know you?		
In what capacity does	this person know you?		
Student Signature		Date	
		E FRIDAY, MARCH 29 2024 4:00 P.M.	
Mail or deliver to:			
Rutgers New J Cooperative E 1623 Whitesvil	ner Association of Ocean C ersey Agricultural Experin xtension of Ocean County le Road, Toms River, NJ 08 ship Chairperson	nent Station	
To be filled out by	Guidance Counselor or	r attach an appropriate document.	
	High School Grad	le Point Average:	
	Class rank	Out of	
Counselor's Signa	ture		
A 10 40	4: 1 1 000: 10		

Application must include Official School Transcript and Official SAT Scores