

GRAND BEND & AREA HORTICULTURAL SOCIETY

\$500 SCHOLARSHIP APPLICATION FORM - Please Print

HOME ADDRESS		
	dary Program for which you have successfully completed first year ting document from College/University showing academic standing)	
College/University		
	dary Program for which you have enrolled in second year ting document - letter from the Registrar verifying paid registration)	
College/University		
Program		
Please tell us about yo	ur career aspirations:	
Please describe any pr	revious experience in Horticulture:	

Extracurricular activities / Volunteer Work / Community Involvement		
Are you a member of our Hor	ticultural Society? Yes No	
Are you a relative of a membe	er of our Society? Yes NO	
	ember's name and your relationship to him/her	
Signature of Applicant		
Date Submitted		
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Please mail application to:	Grand Bend & Area Horticultural Society P.O. Box 706	
	Grand Bend, ON N0M 1T0	

Please note the following:

- Applications <u>must be received by December 10, 2016 deadline</u> to be considered.
- Applicant must be a resident of Ontario and be a full-time student attending second year of a post-secondary Horticulture Program in Southwestern Ontario
- In the event of multiple equally eligible applicants, selection of the recipient will be made by a committee designated by the Executive of the Horticultural Society and will take into consideration all information supplied by the applicant.
- Preference will be given to an applicant who is a member of our Society, or a child or grandchild of a member
- The successful applicant will be notified via email on or before December 20, 2016