

MARYLAND GRAIN PRODUCERS UTILIZATION BOARD

Scholarship Application

Name: _____ Phone: _____

Address: _____ E-mail: _____

_____ Fax: _____

Parent's Names: _____
Father Mother

High School: _____ Graduation Date: _____ GPA: _____

High School Activities: _____

College Attending: _____ Date Accepted: _____

Address: _____ Major: _____

_____ Credits Earned: _____

Phone: _____ GPA (if applicable): _____

Activities: _____

Honor Awards (HS, College, Civic org.): _____

Other Scholarships Received: _____ Amount: \$ _____

Current Volunteer Activities: _____

Name of local paper: _____ May we notify them of award? yes _____ no _____

References: 1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

On a Separate sheet, answer the following questions.

What are your career goals?

Statement of Financial need?

Why should you receive this scholarship?

Background in agriculture incl. crops grown

Signature: _____ Date: _____