

## **Lincoln County Master Gardeners' Scholarship Application**

University of Missouri Extension Center 880 West College, Troy, MO 63379

## Deadline for Application is April 5, 2019 by 5:00 p.m.

(636) 528-4613 Lincolnco@missouri.edu

Applicar	nt's Name:	
Address:		
		Cell Phone:
School I	District:	
School C	Counselor's name and phone number:	
College	you plan to attend:	
Degree y	ou plan to pursue:	
1. S s y 2. C 3. T	ervice efforts, and how you plan to apply these effour involvement in agriculture and/or horticulture copy of transcript.  Three teachers' signatures recommending you for the second control of the s	g yourself, your major accomplishments, community xperiences to your future career goals. Please discuss . No additional materials submitted with the essay. he recipient of this scholarship.
1	Teacher's signature	Teacher's Area of Study (AG teacher preferred)
2	Teacher's signature	Teacher's Area of Study
4. <i>A</i>		nailed to the Extension Center (address located at the ailed to Lincolnco@missouri.edu (**emailed versions
1. L u 2. A 3. S	niversity to pursue a degree in agriculture. Prefere Amount of the scholarship awarded in 2019 will be	<u> </u>
I, Master C	, hereby proclaim to accurate to my knowledge.	hat all information submitted for the Lincoln County ge and the essay was my own composition.
Student'	s signature:	Date: