

MARYLAND GRAIN PRODUCERS UTILIZATION BOARD

Scholarship Application

Name: _____ Phone: _____

Address: _____ Fax: _____

_____ E-mail: _____

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 including crops grown

Where did you hear about the MGPUB scholarship offer? _____

Signature: _____ Date: _____