



Application Form

Paul Baker Memorial Scholarship

Applicant Information

Full Name: _____ Date: _____
First Last M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Education

High School: _____

GPA: _____ Graduating Year: _____

Prospective Colleges and/or Trade Schools:

1: _____

2: _____

3: _____

Extra Curricular & Volunteer Activities

Provide information and short description of extra curriculars and volunteer activities. (Can continue on separate page)

Activity: _____ Date of activity: _____

Description: _____

Activity: _____ Date of activity: _____

Description: _____

Activity: _____ Date of activity: _____

Description: _____

Activity: _____ Date of activity: _____

Description: _____

Essay

Completion of this essay is required for consideration of this scholarship. Essay must be at least one page long, no more than two pages. Must be typed 12 pt font double spaced. Include a PDF of this essay in you application submittal.

Prompt:

Please describe how in your future, you will strive to support the advancement of agriculture in your community and beyond. This could be through field of study, future commitments, careers, and more.

Required Attachments

Fill out to assure you have the correct attachments:

- Completed application: YES
Official high school transcript:
Additional pages as needed:
Essay

I hereby affirm that the information contained herein is true and correct. I hereby grant permission to NYS Horticultural Society (NYSHS) to verify such information and to release information to the donors of the Paul Baker Memorial Scholarship. I understand that receipt of this scholarship grant is contingent on providing proof of enrollment. Falsification of any information or failure to meet these requirements will result in the termination of my scholarship and I will be obligated to return any grant monies already received. I hereby grant and assign the NYSHS the right to use my biographical information, essay response, and my image to publicize my nomination and/or receipt of this scholarship award, and to promote the goals of the scholarship, for editorial, trade, advertising, or any other purpose and in any manner and medium, including website and internet promotion. I also consent to have a copy of my application and all supporting materials retained indefinitely by the NYSHS.

Applicants Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____