



MASTER GARDENER ASSOCIATION of Cape Cod

P.O. Box 367 Barnstable, MA 02630-0367 (508) 375-6700
gardeners@capecod.gov capecod.gov/extension

2024 SCHOLARSHIP APPLICATION

Background Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Education

School Currently Attending: _____

Education Level: () Freshman () Sophomore () Junior () Senior () Grad Student

Major: _____ Minor: _____ GPA: _____

College/University Attending 2024-2025: _____

Include the following with your completed application:

- **One-page typed statement detailing your interest in pursuing a career in agriculture, horticulture or a related natural resource field. Include any work experience in these fields.**
- **Your most recent official high school or official college transcript.**
- **Three letters of reference.**

The information contained in this application is correct to the best of my knowledge.

Signature of Applicant

Date

Application, typed statement, official transcript and letters of reference must be received by April 1, 2024.

Mail to: Scholarship Committee
Master Gardener Association of Cape Cod
P.O. Box 367
Barnstable, MA 02630

Please Note: College and graduate student award recipients will receive their award upon notification by the Committee. High school student award recipients will receive their award upon receipt of the 2024 fall semester official college transcript showing “good academic standing”.

If you have any questions, please call 508-375-6638.

Cape Cod Cooperative Extension, UMass Extension & USDA Cooperating. Cooperative Extension offers equal opportunity in programs and employment.

