GILES COUNTY SOIL AND WATER CONSERVATION DISTRICT SCHOLARSHIP APPLICATION

Graduating High School Senior

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

COUNTY: _____ **HOME PHONE:** _____

EMAIL ADDRESS: _____

HIGH SCHOOL: _____

ADDRESS: _____

GPA (minimum 3.0): _____ **ACT SCORE (minimum 19):**_____

GRADUATION DATE: _____ **ARE YOU A U.S. CITIZEN:** _____

AWARDS AND HONORS: (attachments permitted)

_____

_____

EXTRA CURRICULAR ACTIVITIES: _____

_____

_____

AGRICULTURAL INVOLVEMENT AND ASSOCIATIONS: (positions and involvement)

_____

_____

COLLEGES APPLIED TO:

- _____
- _____
- _____

ARE YOU SEEKING A DEGREE IN AGRICULTURE? INTENDED MAJOR:
(this could include forestry, veterinarian, vet tech, livestock management, twra, etc.)

_____

HAVE YOU BEEN AWARDED OTHER SCHOLARSHIPS? IF SO WHICH ONES?

_____

_____

WHAT ARE YOUR CAREER OBJECTIVES: _____

_____

_____

WHY DO YOU DESERVE THIS SCHOLARSHIP: _____

_____

_____

_____

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND CORRECT. I ALSO CERTIFY THAT I AM GRADUATING FROM A HIGH SCHOOL IN GILES COUNTY. I UNDERSTAND THAT BY APPLYING I AM AGREEING TO BE FURTHER INTERVIEWED IF CALLED UPON.

APPLICANT SIGNATURE: _____ DATE: _____

ATTACH A COPY OF HIGH SCHOOL TRANSCRIPTS, PROOF OF ACT SCORE, 3 LETTERS OF REFERENCE AND ANY OTHER IMPORTANT INFORMATION. IF SELECTED FOR THIS AWARD YOU WILL BE REQUIRED TO PROVIDE PROOF OF ENROLLMENT FOR UPCOMING SCHOOL YEAR IN ORDER TO RECEIVE FUNDS.

RETURN COMPLETED APPLICATION TO SOIL CONSERVATION OFFICE BY April 1, 2026.