

AFRICAN VIOLET SOCIETY OF AMERICA SCHOLARSHIP APPLICATION

Return by March 1, 2023 Application Date _____ Expected Graduation Date _____

Name _____
Last First Middle Social Security Number

Address while student _____ Phone _____

Permanent Address (if different) _____

Desired Degree _____ Major _____ Minor _____

Total semester/quarter hours completed at current school as of December, 2022 _____ GPA _____

Total semester/quarter hours completed at all colleges attended as of December, 2022 _____

PLEASE ENCLOSE ONE COPY OF YOUR OFFICIAL COLLEGE TRANSCRIPT WITH THIS APPLICATION.

Cumulative GPA as of December 31, 2022 _____ (Indicate if different from 4 point system)

Other schools attended:

High School _____ Date graduated _____ GPA _____

Colleges _____ GPA _____

_____ If applicable: Date graduated _____ GPA _____

List Awards and Honors you have received in college: _____

List Organizations to which you belong and offices you hold (held):

This scholarship request applies for: (Fill in blanks with the number of hours you plan to take)

Fall 2023: _____ hrs. Spring 2024: _____ hrs.

Did you have scholarship funding during the past year? _____ If yes, name the scholarships and show amount: _____

COMPLETE OTHER SIDE

In this space, in a succinct paragraph, describe your CAREER PLANS, as you foresee them:

Describe briefly your employment history, whether related to horticulture or not:

Describe why this merit scholarship from AVSA would be uniquely meaningful to you.

Faculty to serve as NAME POSITION ADDRESS PHONE
References:
(Select 2)

Send completed application to:
Dr Charles Ramser
2413 Martin Street
Wichita Falls, TX 76308
Ph. 940-397-4362

Signature _____

Your E-mail Address: _____