

AFRICAN VIOLET SOCIETY OF AMERICA SCHOLARSHIP APPLICATION
Return by March 1, 2024

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 2023 _____ GPA _____

Total semester/quarter hours completed at all colleges attended as of December 2023 _____

PLEASE ENCLOSE ONE COPY OF YOUR OFFICIAL COLLEGE TRANSCRIPT WITH THIS APPLICATION. BE SURE TO INCLUDE AND INDICATE MOST RECENT COLLEGE ATTENDED.

Cumulative GPA as of December 31, 2023 _____ (Indicate if different from 4 point system)

Other schools attended:

High School _____ Date graduated _____ GPA _____

Colleges attended _____ 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:

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

Briefly describe 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 references (Select 2)

<u>NAME</u>	<u>POSITION</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Send completed application to:

Dr. Charles Ramser
2413 Martin Street
Wichita Falls, TX 76308
Ph. 940-397-4362

Signature _____

Your E-mail Address: _____