

AFRICAN VIOLET SOCIETY OF AMERICA SCHOLARSHIP APPLICATION
Return by March 1, 2025

Application Date _____ Expected Graduation Date _____

Name _____
Last First Middle

Current registered address _____ Phone _____

Permanent address (if different than current) _____

College/university attending in 2025-2026 _____

Desired Degree _____ Major/(Minor if applicable) _____

Semester/quarter hours completed to date: _____ Cumulative GPA: _____

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

Other schools attended:

High School _____ Date graduated _____ GPA _____

College(s) attended _____

If applicable, date graduated _____ GPA _____

List awards and honors you have received in college:

List organizations to which you belong to and offices you hold/held:

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

Fall 2025: _____ hrs. Spring 2026: _____ hrs.

Did you receive scholarship funding in the past year? _____

If yes, list the scholarships and value (in US\$) below:

Describe your future career aspirations/plans as you foresee them in the space below:

Briefly describe your employment history, whether related to horticulture or not:

Describe how this AVSA merit scholarship would be valuable and meaningful to you:

List two (2) faculty to serve as referees and have them e-mail letter to scholarship@avsa.org

<u>NAME</u>	<u>POSITION</u>	<u>E-MAIL</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Send completed application to:

Dr. Minh Bui
scholarship@avsa.org

Signature _____

Date _____

Your E-mail Address: _____