AFRICAN VIOLET SOCIETY OF AMERICA SCHOLARSHIP APPLICATION

Application Date _____ Expected Graduation Date _____

Name_____
Last First Middle

Current registered address _____Phone_____

Permanent address (if different than current) _____

College/university attending in 2026-2027 _____

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: _____ hrs. Spring: _____ 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

NAME	POSITION	E-MAIL	PHONE

E-mail completed application to:
scholarship@avsa.org

Submit completed application by March 1st for this year's consideration for the fall semester.

Submissions received after March 1st will be considered the following year.

Signature _____ Date _____

Your E-mail Address: _____