## Scholarship Application Department of Crop and Soil Sciences University of Georgia

Date:				
Major:	_			
Social Security No. (last 4 digits):				
Full Name (Please Print)				
last	first	middle		
Campus Address	Telepl	none		
	Zip			
Home Address				
Are you presently enrolled at the University of Go If not, have you applied for admission? What semester do you plan to enter UGA: Academic status at UGA as of September, upcom  1 <sup>st</sup> year  2 <sup>nd</sup> year  3 <sup>rd</sup> year  4 <sup>th</sup> year  Credit hours earned, including Spring Term of cu	yes ?20_ ing academic yea	no r:		
Credit hours needed to complete BSA or BSES, s upcoming academic year	•			
Last semester you plan to enroll at UGA to complete	— lete degree	20		

## THIS SCHOLARSHIP APPLICATION MUST BE SUBMITTED BY 1 APRIL, CURRENT ACADEMIC YEAR TO:

Head, Department of Crop and Soil Sciences 3111 Miller Plant Sciences Building University of Georgia Athens, Georgia 30602

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Honors and Awar hels):	rds: Honorary Organizations a	and Professional Societ	ies (include offices
College activities high-school activ	: Athletics, Social and Literar ities:	y (include offices held	); if Freshman, list
Community Activ	vities:		
Special Activities	s:		
	: Part-time and summer (Note wen consideration to off set line ties)  Dates of Employment	-	
List any scholars	hips you have received (include	de source, amount and	years):

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List any scholarships you have received FOR THE U	PCOMING CALENDAR YEAR
Is financial aid a major reason for applying for a scho	larship? Explain:
What are your special academic interests and future p	lans?
List three references: Name Address	Phone
Signature of Applicant	
Signature of Approant	
Information for specific scholarships requested:	

## Dates

Schools Attended	From	То	Academic Average
High School			
Colleges/Universities			