



Northern Neck Master Gardeners
P O Box 62
Heathsville, VA 22473
804-580-5694
helpdesknnmg@gmail.com
www.nnmng.org

Scholarship Application

All application materials must be mailed (postmarked) by Friday, March 21, 2025 to:

NNMG Scholarship Program, PO Box 62, Heathsville, VA 22473.

PART 1: Personal Information

Applicant Name: Last First Middle

E-mail Address:

Home Address:

County of Residence:

Home Phone Number ()

Cell Phone Number:

Parents'/Guardians' Names and Addresses (if under the age of 18):

Current School Name:

Rank in Fall 2025: Freshman Sophomore Junior Senior (Check one)



www.ext.vt.edu

Virginia Cooperative Extension is a partnership of Virginia Tech, Virginia State University, the U.S. Department of Agriculture, and local governments. Its programs and employment are open to all, regardless of age, color, disability, sex (including pregnancy), gender, gender identity, gender expression, genetic information, ethnicity or national origin, political affiliation, race, religion, sexual orientation, or military status, or any other basis protected by law.



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PART 2: Continuing Education Institution Information (50%)

Note: Please include a copy of the registration for your next session of coursework.

University, College, School, or Institution you will be attending:

Field of Study (Major): _____

Career Goal: _____

PART 3: Extracurricular Activities (10%)

Community Involvement

List community-based groups and activities in which you have been involved in the past year.

Other Activities/Awards

List athletics, other extracurricular activities, and recognition you have received in the past year

Employment Experience

List jobs that you have held since the age of 17



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PART 3: Written Statement of Goals (30%)

In a **brief** statement, please tell the selection committee what you intend to pursue with your education and the types of courses in which you plan to enroll.

PART 4: References (10%)

Please include a letter of reference from an individual who can best speak to your character, accomplishments, and achievements. This letter **cannot** be from a family member.



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Signatures

I hereby submit the included information to the Northern Neck Master Gardener Association for consideration in the scholarship program. All the information included is true and correct to the best of my knowledge. If my application is successful, I give permission to the NNMG Association to use information included in this application for public releases to the press to announce scholarship award and to promote the scholarship program.

Applicant: _____

Date: _____

Parent/Guardian: _____
(Only if applicant is under 18 years of age.)

Date: _____

The completed application packet MUST include *(incomplete applications will not be considered):*

Registration Form Listing Next Term's Courses

Written Statement of Goals

Letter of Reference



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