

Texas Floral Endowment Scholarship Application

Mailing Address:

PO BOX 170760 AUSTIN TX 78717 PHONE: 512/834-0361 Physical Address:
(Hand Deliver or Overnight Only)
715 Discovery Blvd., Suite 403
Cedar Park, TX 78613

INSTRUCTIONS: Please prepare and attach information in the following order (Failure to do so could void application):

THESE ITEMS ARE REQUIRED:

- 1. Application
- 2. Letters of Reference
- 3. Transcript (only required if you are currently a full-time student)
- 4. Essay (if stipulated)
- 5. Each Scholarship has individual requirements. Please read carefully the scholarship criteria and submit all items requested accordingly. If any item is missing, you will be disqualified.

lease mail completed application to the above address to be received no later than April 14, 2017.					
ADDRESS	AND PERSONAL IN	FORMATION			
Jame:					
	Last	First	MI		
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Name:	Last	First	MI		
Name: Address: Phone: No. Childre	Last n in Family	First	MI		

ACTIVITIES, INVOLVEMENT IN COMMUNITY, CHURCH, ETC. AND SPECIAL **RECOGNITIONS** (Attach additional page if needed) Year Organization Activity, Office Held EMPLOYMENT AND WORK EXPERIENCE (Last 4 years) <u>Employer</u> Type Work/Internship Year **PREVIOUS OR CURRENT SCHOLARSHIPS** (Attach additional page if needed) <u>Duration/Year</u> Scholarship Name/Sponsor Name of Scholarship this application is in reference to: REASON FOR APPLYING FOR SCHOLARSHIP BRIEFLY STATE YOUR CAREER PLANS (100 words or less) WHY I WANT TO BE IN THE FLORAL INDUSTRY (100 words or less) (Only applicable if you are not currently employed in the floral industry)

HOW DID YOU LEARN OF THE TEXAS FLORAL ENDOWMENT SCHOLARSHIP OPPORTUNITIES?				
	I have attached three letters of reference. (REQUIRED) Submitted references may be randomly verified.			
	I have attached my transcript. (If Applicable)			
	I understand that if I am awarded this scholarship, I will be required to submit an article about my experience with the scholarship for the Texas Endowment newsletter.			
	I have attached an essay. (If scholarship criteria stipulated)			
SIGNATURE:	DATE:			