

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

DIVISION: West \_\_\_\_\_ Middle \_\_\_\_\_ East \_\_\_\_\_

Are you graduating from high school this spring? \_\_\_\_\_

Will you be entering an agricultural college this fall? \_\_\_\_\_

(This includes forestry, veterinarian)

Are you currently attending an agricultural college? \_\_\_\_\_

If so where? \_\_\_\_\_

Will you be studying agriculture? \_\_\_\_\_

Do you intend to pursue a career in the field of Soil and Water Conservation? \_\_\_\_\_

In what particular discipline? \_\_\_\_\_

### ACHIEVEMENTS

Scholastic average in high school grades 9 through 12 is \_\_\_\_\_

Scholastic average in college is \_\_\_\_\_

Enrolled in a school of agriculture by start of fall quarter or semester? \_\_\_\_\_ -

Interested in pursuing a career in the field of Soil and Water Conservation?

### ARTICLES NEEDED

- 1. A letter from the applicant giving reason(s) for applying, stating accomplishments and participation in youth related or school clubs and organizations, church and civic groups, and/or SCD Board Members or District Board, and your high school principal and/ or counselor.
- 2. Letters of Recommendations from your SCD Board Members or District Board and your high school principal and/or counselor.
- 3. A transcript of grades 9 through 12 ( If already in college, a college transcript as well.

Mail your application before Feb. 1 to: TACD Auxiliary President

Brenda Essary

215 Hillcrest Dr.

Milledgeville, TN. 38359

**TACD MEMORIAL SCHOLARSHIP APPLICATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL CURRENTLY ATTENDING

\_\_\_\_\_

\_\_\_\_\_

GPA \_\_\_\_\_ ACT SCORE \_\_\_\_\_ SAT SCORE \_\_\_\_\_

NAME and ADDRESS OF COLLEGE TO ATTEND

\_\_\_\_\_

\_\_\_\_\_

ENTRY DATE \_\_\_\_\_ INTENDED MAJOR \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES (attachments permitted)

\_\_\_\_\_

\_\_\_\_\_

HONORS AND AWARDS (attachments permitted)

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY, WORK OR OTHER ACTIVITIES: (attachments permitted)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FINANCIAL NEED – Please indicate your family’s adjusted gross income from last year’s tax return.

\_\_\_\_\_.

Total number of family members living at home \_\_\_\_\_ Children \_\_\_\_\_

Ages \_\_\_\_\_ Number attending college \_\_\_\_\_

Other considerations which need to be noted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE IN YOUR OWN WORDS WHY YOU FEEL YOU DESERVE THE SCHOLARSHIP.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND CORRECT.

APPLICANT’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ATTACH A COPY OF HIGH SCHOOL TRANSCRIPT - Letters of recommendation can be attached.

RETURN COMPLETED APPLICATION TO GUIDANCE COUNSELOR BY **JANUARY 30, 2013.**