

Delaware Valley Herb Unit

OF

The Herb Society of America

COLLEGE ACADEMIC YOUTH AWARD

APPLICATION

Virginia Petrie Memorial Scholarship: Established 1982

Financial Grant... up to \$1500 to eligible student who will study Plant Life; particularly in Horticulture; Plant Science; Environmental Awareness, Protection or Sustainability; Art or Practice of Garden/Farm Cultivation, Management or Research. May apply yearly for possible reconsideration/continuation.

Student Name: _____

Address: _____

E-mail and/or Text: _____

Sponsoring School: _____

Applications must not exceed four pages, one side only, no cover. Email application to: hsa.dvu@gmail.com. Put SCHOLARSHIP in the subject.

Keep a copy for your files. Scholarship will be awarded by May 31, 2023.

Please complete each topic, if applicable. Use numbering as below when completing application.

1. Any Singular or Collaborative Project Undertaking during High School years: yes___Beginning Date_____ Completion date_____
2. Project Title: _____
3. Brief summary and objective of project_____
- _____
- _____
- _____
4. Involvement of others; clubs, organizations, etc.
- _____
- _____
- _____
5. Project expenses and means of funding_____
- _____
- _____
- _____
6. Continuing involvement, follow-up and maintenance_____
- _____
- _____
- _____
7. Attach photos, landscape plan or other documentation of choice.

8. Complete a separate narrative of no more than 250 words discussing “*How will you use your Plant Science education to make a positive impact on the community?*” Please attach to this application.

Student Information (at time of application)

Are you or will you be a May/June 2022 high school graduate?

Yes _____ No _____

Have you submitted an application for admission to the college of your choice? Yes _____ Name of college _____.

No _____

Do you plan to complete a two-year degree?

Yes _____ Name of College _____

No _____

Do you plan to transfer to another college and complete a 4 year degree? Yes _____ No _____

Are you a first-generation college student? (neither parents or grandparents attended college).

_____ Yes

_____ No

Personal Data

Full Name First _____

Last _____

Birthdate: _____

Cell number _____

E-mail _____

Home Address:

Street Address _____

Street Address Line 2 _____

City _____

State/Province _____

Zip Code _____

Applicant's Signature

By signing your legal name in the space below, you are certifying that all information is true and complete to the best of your knowledge. Any false or misleading information may result in your disqualification for this scholarship.

Signature: _____

Date: _____

February 2023