

SEED AND HARVEST

YOUTH SCHOLARSHIP APPLICATION

*Please complete and return with official high school transcripts or copy of GED to Seed and Harvest Offices
by April 15, 2010*

Student:

Home phone number:

Email address:

Home address:

City/State/Zip:

SCHOLARSHIP REQUIREMENT FOR APPLICATION

Student must attach a minimum of one page essay expressing their desire to attend college, a university or technical school and future goals.

Students must also be available to meet at one meeting held on the last Thursday of each month at the Seed and Harvest Offices to learn how to fulfill reciprocity criteria for scholarship application.

Date:

Signature:

Please return completed form to:

Scholarships

Seed and Harvest

P.O. Box 19474

Kalamazoo, MI 41706

Phone: (269) 377-4349 fax: (269) 329-4852