

**SCHOLARSHIP INFORMATION FORM
FOR STUDENTS IN HORTICULTURAL SCIENCE**

Name _____ **Date** _____

Address: _____

NCSU Credits Completed _____ **TGPA** _____ **Last Semester GPA** _____

Declared Major _____ **Marital Status** _____ **Phone** _____

Parents' Name _____ **Phone** _____

Parents' Address: _____

Parents' Occupation: _____

Horticulture Experience: _____

Goals And Interest: _____

Financial Need (History and Justification): _____

Are you, or do you intend to work during the semester? If so, where, and how many hours per week? _____

Other work or travel experience: _____

List of Student Organizations you belong to: _____

Offices held in Student Organizations: _____

Horticulture Awards or Scholarships previously received: _____

Home County: _____

Please return this information to:

Undergraduate Coordinator
Department of Horticultural Science
North Carolina State University
116 Kilgore Hall
Raleigh, NC 27695-7609