COLLEGE OF AGRICULTURE AND LIFE SCIENCES

New England Farm and Garden Association

SCHOLARSHIP APPLICATION

Students applying for assistance from CALS **must**:

- **qualify** for aid with and have submitted an application to **UVM’s Financial Aid Office**

- **meet scholarship criteria** in order to be considered for individual awards

**Please type your application.**

NAME: \_\_\_\_\_\_\_ Student ID # Class:\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

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

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

MAJOR: \_\_\_\_\_\_\_ RESIDENCY: IN-STATE\_\_\_\_\_\_ OUT-OF-STATE\_\_\_\_\_\_

ACADEMIC ADVISOR FOR YOUR MAJOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list:

* Total credit hours earned to date \_\_\_\_\_\_ Transfer credits earned (if applicable) \_\_\_\_\_\_\_
* Credit hours enrolled in fall 2019 semester \_\_­­\_\_\_\_ spring 2020 semester\_\_\_\_\_\_\_
* Current grade point average \_\_\_\_\_\_\_\_\_ Expected graduation date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

List campus activities you have been involved in, explaining your role in the organization. Also, list any ***leadership positions***you have held. If necessary, submit an additional page. The more details you provide, the better understanding the committee will have of your involvement. Make sure to promote yourself.

**CALS Activities** (Please list all activities in ***chronological order*** – starting with *most recent)*

**University Activities**

**Activities Outside UVM**

2. Please state briefly how your extracurricular activities and leadership roles have made a difference in your learning and in the community. Also, how do they relate to your long-term goals?

3. Please attach your resume to the application.\*

The Dean’s Office and the Scholarship Selection Committee request your signature below verifying that the information provided on the application is truthful and accurate to the best of your knowledge.

STUDENT’S SIGNATURE DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE SUBMIT TO:

CALS Dean’s Office 106 Morrill Hall Burlington, VT 05405

**OR** email [calsstudentservices@uvm.edu](mailto:calsstudentservices@uvm.edu) by **Monday, March 30th 2020**