St. Tammany Master Gardener Association Scholarship

Name:		
	Email address:	
Name of high school you gra	aduated from in St. Tammany Parish:	
(Attach high school transcrip	ot or copy of diploma.)	_
Name and address of college		
	(Attach official transcript.)	
Major/minor		_
related degree. Please inclu-	etailing your reasons for choosing an Agrid de long career goals. Discuss any work ex thave influenced your decision.	
Are you a previous scholarsh	hip recipient? Yes or No	
Include a letter of recommer	ndation from an academic advisor, counse	elor or employer.
This application must be pos	tmarked by February 28 to be considered.	
Applications should be mail	led to:	
STMGA Scholarship Award Selection Committee PO Box 5438 Covington, La 70433		

Or emailed to stmgascholarship@gmail.com Subject line: Scholarships