

## Scholarship Application Please check the scholarship for which you are applying:

Imperial Valley Produce Scholarship (generally one \$1000.00 scholarship with additional ones awards from \$250.00 to \$750.00).	
Ed McGrew Scholarship (ger at Cal Poly San Luis Obispo.	nerally between \$100 to \$2500). Applicant must be enrolled
Name	Date of Birth
Address	Telephone Contact
City, State, Zip Code	
Current Addresss (if different from	above)
High School or College Presently At	tending
Grade Point Average	Scholarship Achievements:
	ities
	r education this coming semester (August or September)?
Major or Field of Study (must be ag	ricultural)
On whom do you depend for suppo	ort?
Relationship	Occupation

Annual Combined Family Income	\$ 0 to \$50,000.00
	\$50,001.00 to \$100,000.00
	Above \$100,001.00
Number in family currently living	with support income Brother(s) Sister(s)
Work Experience:	

## Please attach the following:

- 1. Personal essay to the scholarship committee to include your plans for the future, your educational intentions, and the reason why you would like to receive this award
- 2. Current transcript from your school( 2.5 point grade average is the minimum requirement .
- 3. Letter of recommendation form (page 3 of the application) to be completed by counselor or teacher
- 4. Letters of reference (maximum of 3)
- 5. Recent photograph. Upon award of the scholarship, a digital high resolution photograph will be required.

NOTE: Applicants will be contacted to schedule an interview. For high school applicants, this interview will be in person at the Imperial Valley Vegetable Growers Association office. For college applicant, the interview may be conducted via telecomunication.

## Letter of Recommendation Counselor or Teacher

Scholarships are only given to Imperial Valley students who are attending or plan to attent a four-year college and have agricultural related majors. The scholarship are awarded on the basis of academic quality, scholastic achievements and activites, extra-curricular/community activities, and financial need. The applicant is asked to obtain recommendation from individuals who can reasonabley evalute the potential for for academic achievement.

This form, when complete, should be mailed to: **IVVGA Scholarship Committee** P O Box 358 El Centro, CA 92244 It may also be scanned and emailed to Kay@ivvga.com Applicant's Name \_\_\_\_\_\_ In what capacity do you know this applicant? \_\_\_\_\_\_ For how long? \_\_\_\_\_ Outstanding Above Average Below No Opinion Average Average 1. Potential of Achievement 2. Academic Interest 3. Leadership Please provide a statement concerning the applicant's qualifications:

Signature\_\_\_\_\_\_ Title \_\_\_\_\_

School\_\_\_\_\_\_Telephone Contact \_\_\_\_\_\_

Address\_\_\_\_\_City, State, Zip Code\_\_\_\_\_

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