

2016-17 Grange #306 Scholarships Directions and Applications

The **YOUTH GRANGERS SCHOLARSHIP APPLICATION FORM** (page 2) is due by **January 11, 2017**. Please mail the application as well as your photo and optional resume to: *Dena Allen 7966 Mill Station Rd. Sebastopol CA 95472*. Applications will be brought to the membership at the January 2016 General Meeting (January 31, 2017) and funds awarded February 2017. Questions? call Dena 707-484-5703 or dena@rahus.org

The **SCHOOL PROGRAM SCHOLARSHIP APPLICATION FORM** (page 3) will be offered on a rolling basis as funds are available. Applications will be considered as they are submitted. Please mail applications to: *Dena Allen 7966 Mill Station Rd. Sebastopol CA 95472*. OR send applications electronically to dena@rahus.org. Questions? call Dena 707-484-5703 or email dena@rahus.org

The **MEMBER EDUCATION SCHOLARSHIP APPLICATION FORM** (page 4) will be offered on a rolling basis as funds are available. Applications will be considered as they are submitted. Please mail applications to: *Dena Allen 7966 Mill Station Rd. Sebastopol CA 95472*. OR send applications electronically to dena@rahus.org. Questions? call Dena 707-484-5703 or email dena@rahus.org

For additional descriptions of the Grange #306 Scholarships and scholarship process please refer to the *2015-16 Grange #306 Scholarship Descriptions* document.

Sebastopol Grange #306

YOUTH GRANGERS SCHOLARSHIP APPLICATION FORM

Sebastopol Grange
PO Box 2759
Sebastopol CA 95473

Name of youth: _____

Name of Parents _____ Member Since _____

Street, City, State, Zip: _____

School Attending: _____ Major: _____

Age: _____ Date of Birth: _____

Phone _____ Email : _____

Please Submit:

- 1) A Current Photo
- 2) Please tell us in paragraph form your Grange experiences and your community service activities.
- 3) Please write a paragraph letting us know about your educational goals and how you will use the Grange scholarship money.
- 4) Optional: Attach a copy of your resume.

If I am selected as a recipient of this scholarship, I give my consent to disclose my name and photo for use in press releases and other communications promoting the Grange Scholarship Program. I also pledge to come to a General Grange Membership meeting and speak about the impact of the scholarship.

Applicant's Signature _____ Date _____

Parent Signature _____ (if applicant is a minor)

SCHOOL PROGRAM SCHOLARSHIP APPLICATION FORM

Sebastopol Grange #306

PO Box 2759

Sebastopol CA 95473

This scholarship program is designed to help support local school programs or projects that further the Grange goals of a healthy environment, sustainable agriculture and food systems and community service.

Name of School _____

Name of School Program or Project _____

School Address _____

Name of Contact Person/Applicant _____

Phone & Email for Contact _____

Requested Amount of Money _____

Time Frame of Project or Program _____

Grange Contact or Connection _____

Please describe in paragraph form the scope of the program or project and how the Grange Scholarship money will be used. Also include who will be involved in the program or project and how it will benefit our students and community. If applicable include a photo.

If we are selected as a recipient of this scholarship, I give my consent to disclose my name and photo for use in press releases and other communications promoting the Grange Scholarship Program. I also pledge to come to a General Grange Membership meeting and speak about the impact of the scholarship and our program or project.

Applicant's Signature _____ Date _____

Sebastopol Grange #306

MEMBER EDUCATION SCHOLARSHIP APPLICATION FORM

Sebastopol Grange

PO Box 2759

Sebastopol CA 95473

The Member Education Scholarship is for the improvement of the knowledge base in our Grange community. The scholarship is for Grange members to fund a class or event that has a relationship to Grange #306. The recipient must be willing to return and report to fellow Grange members at a General Meeting.

Name of Applicant _____

Name of Class/Event _____

Applicant Address _____

Applicant Phone & Email _____

Requested Amount of Money _____

Date of Class/Event _____

Grange Member Since _____

Please describe in paragraph form the scope of the class/event. Also include what type of knowledge you hope to gain and how you will use such knowledge. Please include a photo.

If I am selected as a recipient of this scholarship, I give my consent to disclose my name and photo for use in press releases and other communications promoting the Grange Scholarship Program. I also pledge to come to a General Grange Membership meeting and speak about the impact of the scholarship and knowledge received from the class/event.

Applicant's Signature _____ Date _____