



Georgia Fruit & Vegetable Foundation

2019 - 2020 SCHOLARSHIP GUIDELINES

On December 19, 2002 the Trustees of the Georgia Fruit and Vegetable Foundation voted to establish a scholarship to encourage and support higher education endeavors by sons and daughters of individuals involved in the fruit and vegetable industry. The Trustees set the following as criteria and guidelines for the scholarship,

QUALIFICATION CRITERIA:

- 1) The recipient's mother, father or legal guardian must be a member of the Georgia Fruit and Vegetable Growers Association or employed by a member of the association.
- 2) The student must be college committed to pursue a higher education degree (Associate, Bachelor or Graduate Degree) or Technical Certificate.
- 3) The scholarship recipient must have a 2.5 GPA or higher, and maintain at least a 2.5 GPA throughout the terms of the scholarship.

SELECTION CRITERIA:

- 1) A Scholarship Selection Committee will review all applications and award the scholarship.
- 2) Scholarship will be awarded based on competitive review of all applications taking into consideration each student's academic achievement, leadership skills, community service and financial need.
- 3) Application deadline is April 1st, 2019 with scholarship award to be announced in May.

SCHOLARSHIP CRITERIA:

- 1) The selected student receives \$500 per year for four (4) years based on maintaining GPA qualifications. Should the 2.5 GPA not be maintained, the student can re-apply to receive the remaining scholarship funds if their GPA is raised to 2.5 or above in subsequent years.
- 2) The maximum award for any student will be \$500 per year or \$2000 within the four-year period beginning the year of the initial award.
- 3) Upon notification by the school that the student is enrolled in an accredited college or university a check will be sent to the student. This is normally in July or August of each year.
- 4) The student can use the scholarship funds for any expense related to enrolling in or attending the college of choice.
- 5) It is the student's responsibility to provide scholarship continuation eligibility information to GFV Foundation. The student can request notification from the appropriate college office (normally Registrar's office) to send registration documentation or student transcript to GFV Scholarship Committee each year.

An Application is attached, please feel free to make additional copies or contact the GFV Foundation at:

Georgia Fruit and Vegetable Foundation
PO Box 2945
LaGrange, GA 30241
Phone: (706) 845-8200 Fax: (706) 883-8215
Email: aburns@asginfo.net

Georgia Fruit & Vegetable Foundation 2019 - 2020 Scholarship Application

All information provided in this application is confidential and held in the strictest confidence. Per the qualification criteria (page 3 of this application) please check and answer either statement #1 or #2 below,

(1) **My mother, father or legal guardian is a member of the Georgia Fruit and Vegetable Growers Association.**

GFVGA member name: _____

(2) **My mother, father or legal guardian is employed by a member of the Georgia Fruit and Vegetable Growers Association.**

Parent's name: _____

GFVGA Member's name: _____

NAME _____ SS# _____
LAST FIRST MI

ADDRESS _____
STREET CITY STATE ZIP

PERMANENT RESIDENCE TELEPHONE () _____ BIRTH DATE _____

HIGH SCHOOL ATTENDED _____ CITY/STATE _____

GRADUATION DATE _____ CLASS RANK _____

FATHER'S EMPLOYMENT _____
POSITION/JOB DESCRIPTION ANNUAL INCOME

MOTHER'S EMPLOYMENT _____
POSITION/JOB DESCRIPTION ANNUAL INCOME

CUMULATIVE GRADE POINT AVERAGE _____

SAT SCORES VERBAL _____ MATH _____ TOTAL _____

ACT COMPOSITE SCORE _____

PLEASE STATE IN THE SPACE PROVIDED (or attach additional papers):

1) HONORS, AWARDS, EXTRA-CURRICULAR ACTIVITIES AND MEMBERSHIP IN CLUBS/ORGANIZATIONS INCLUDING OFFICES HELD: _____

2) COURSE OF STUDY YOU INTEND TO PURSUE AND ACADEMIC GOALS YOU WISH TO ACHIEVE:

3) STATE YOUR CAREER/EMPLOYMENT GOALS: _____

4) COLLEGES OR UNIVERSITIES WHICH HAVE ACCEPTED YOUR APPLICATION OR COLLEGE ATTENDING:

5) WHY DO YOU REQUIRE A SCHOLARSHIP? _____

6) GIVE NAMES OF TWO (2) PEOPLE RECOMMENDING YOU AND ASK THEM TO FORWARD A LETTER OF RECOMMENDATION TO THE ADDRESS BELOW. *(One must be a teacher, professor, advisor or school administrator).*

NAME ADDRESS TELEPHONE

NAME ADDRESS TELEPHONE

PLEASE HAVE HIGH SCHOOL GUIDANCE COUNSELOR OR COLLEGE REGISTRAR'S OFFICE SEND TRANSCRIPT TO ADDRESS BELOW:

**SCHOLARSHIP COMMITTEE
GA FRUIT & VEGETABLE FOUNDATION
PO BOX 2945
LAGRANGE, GA 30241**

APPLICATIONS MUST BE POSTMARKED NO LATER THAN March 25, 2019

LETTERS AND TRANSCRIPTS should be received by April 1st, 2019