PURNELL D. WHITE MEMORIAL SCHOLARSHIP APPLICATION

Student Name				
	Last		First	M.I.
Permanent Address				
			Street	
	City		State	Zip
Telephone	Social Security Number			
Email:				
How long have you l	oeen a resident (of your County?		
High School			Graduation D	este.
Ingii School			Graduation D	Month/Year
Addre	ess			Telephone
College or University	v for which aid	is requested		•
	,	1		
Address			<u> </u>	Telephone
Entrance Date				
Required Attachmen	nts:			
1 – Official high sch	ool transcript of	grades		
2 – Letter of Accepta	ance from colleg	ge or university		
3 – Two letters of reapplication's choice.		one from a science	ce teacher; one from	n a character reference of the
4 – A brief essay (25 future goals	0 words or fewe	er) describing the	applicant's agricul	tural (or related field) past experience and
4416 Cou	: C. Peterman lbourn Mill Rd C, MD 21804			
I certify that I am a le true and complete to			County, State of Mar	yland and that all information on this form is
Student / Applicant S	signature	Date	Parent / Guardian S	ignature (If applicant under age 18)