



Norfolk County
Beekeepers Association
Scholarship Application



Please complete the information below and return to:
Norfolk County Beekeepers Association
ATTN: Scholarship Committee
PO BOX 449
Wrentham MA 02093
By April 30

The applicant must be a NCBA club member or have an immediate family member as a NCBA club member in good standing.
Any Form postmarked after April 30, 2018 will be ineligible.

Student Name: _____ Date of Birth: _____
Telephone Number: _____ Email address: _____
Student Permanent Address: _____
Parent/Guardian Name: _____
Parent/Guardian Telephone and Email: _____
Parent/Guardian Address (if different than above): _____

High School attended and highest grade completed: _____
Have you been accepted to an institution of higher education? _____
Which institution(s) are you attending/considering? _____

Will you attend full time/half time/less than half time? _____
Do you plan to live on-campus/off-campus/commute? _____
What is your intended major? _____
What is your GPA? _____
What are your SAT scores? CR _____ M _____ WR _____
What are your ACT scores? E _____ M _____ R _____ S _____ WR _____
Have you completed a FAFSA? _____

In 400 words or less describe how your college major/career goals will involve Beekeeping, agriculture, life sciences, environmental sciences, land management

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or a field related to agriculture in its widest aspect.

Use a separate sheet if necessary – typed double spaced.

Please list any jobs, volunteer work, extra-curricular activities or clubs involving Beekeeping, agriculture, life sciences, environmental sciences, or land management in its widest aspect.

In submitting this application, I, the undersigned applicant, certify that the information provided is complete and accurate to the best of my knowledge. I understand and agree that the falsification of information will result in termination of any scholarship granted.

Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Please include your transcript when returning this application.