



## Yamhill County Master Gardener's Scholarship Application

### I. Application information

Full name \_\_\_\_\_

Street address \_\_\_\_\_

Mailing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address (if available) \_\_\_\_\_

Date of birth (month/day/year) \_\_\_\_\_

Parent or Guardian name \_\_\_\_\_

Parent or Guardian email: \_\_\_\_\_ Phone: \_\_\_\_\_

High School Attending: \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Name of school where you plan to enroll \_\_\_\_\_

Date of expected enrollment \_\_\_\_\_

Intended area of study or degree \_\_\_\_\_

Total cost for one year (including tuition, living expenses, books, etc.) \_\_\_\_\_

Explain how you will meet these expenses. (Attached additional sheets if needed)



Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

## II. YCMGA Press release permissions

An Oregon State University Extension Service Model Release signature is required before the Master Gardeners may include the student recipients in press releases. Signatures on the release form are requested as part of the application so the community is made aware of the scholarship winners each year.

*Non-signature of the Model Release form does not impact the evaluation of any scholarship application.*

# OSU Model Release



I authorize Oregon State University, and those acting pursuant to its authority to:

(a) Record my participation and appearance in:

*Name of event Yamhill County Master Gardener Scholarship Date*

on videotape or audiotape, in photographs, or in any other recorded medium. I understand that these recordings may be used in any medium, including print, Web, video, or audio.

(b) Use my name, likeness, voice, and biographical material in connection with recordings.

(c) Exhibit or distribute such recording in whole or part without restrictions or limitation for any educational or promotional purpose, which Oregon State University and those pursuant to its authority, deem appropriate.

I waive any right I might have to inspect and/or approve the finished medium, or the use to which it may be applied.

I represent that I am at least 18 years of age and that I have read and fully understood the above paragraph and am knowingly and voluntarily executing this release without compensation to myself.

*Signature* \_\_\_\_\_

*Name* \_\_\_\_\_

*Address* \_\_\_\_\_ *City* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Telephone* \_\_\_\_\_ *E-mail* \_\_\_\_\_

*Parent/Guardian signature (if under 18)* \_\_\_\_\_