

## ***Jim Frank Cobb Agricultural Education Scholarship***

### **Scholarship Objective**

To provide a scholarship that can assist students pursuing a degree in agricultural education.

### **Amount of the Award**

The maximum award provided for one academic year will be \$500.00, provided in a single payment during the spring semester.

### **Application Instructions**

Each applicant is responsible for all of the following materials being received by the Scholarship Selection Committee post-marked on or before the deadline of **April 5th, each year**

- Completed Application
- Letter of recommendation from a faculty member in the College/University.
- An unofficial transcript(s) of courses and grades covering all courses up to the time of applying for this scholarship.

This scholarship is a one-time, non-renewable grant. Any tax obligation arising from the award is the responsibility of the recipient. Applicants must be full-time sophomores, juniors, or seniors enrolled in college. No application will be considered until all materials have been received by the Scholarship Selection Committee. No application materials post-marked after the deadline will be considered.

This scholarship is awarded for the purpose of attending a specific institution to study agricultural education. This scholarship is awarded without regard to race, color, national origin, age, sex, or people with limited ability. All applicants must major in agricultural education. Any change in major status will result in the recipient returning these scholarship funds.



Name: \_\_\_\_\_  
(Last) (First) (Phone #)

School address: \_\_\_\_\_  
(Name of School)

Name: \_\_\_\_\_  
(Last) (First) (Phone #)

School address: \_\_\_\_\_  
(Name of School)

List any agriculture courses taken at the middle or high school level.

**Financial Need:**

List any scholarships, grants, or other monetary awards that have been granted to you for the upcoming school year.

Describe your financial need.

**Applicant:** I, the undersigned, have read the information concerning this scholarship and I understand the application instructions and governing rules. I agree to allow, upon selection, my name and general descriptions from the scholarship application to be used for promoting this scholarship program.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please return your completed application to:

Dr. Kay Kelsey  
Department Head  
142A Four Towers  
University of Georgia  
Athens, GA 30602-4355