

PLANTTHESEEDMC

Thank you for taking time to apply for a PLANTTHESEEDMC scholarship! To ensure we have all the information needed and in the order needed for evaluation, please complete this application in full and follow the instructions below.

I, _____, understand that if nominated for a PLANTTHESEEDMC Scholarship and affirm my wish to be considered. Permission is hereby given to Officials of my Institution to release transcripts of my academic record and other requested information for consideration in the PLANTTHESEEDMC scholarship program. I certify all information to be true to the best of my knowledge.

Once completed, please submit **Application, Essay, Reference form, Official proof of enrollment** (full time) status to PLANTTHESEEDMC Organization as follows:

By Email: PLANTTHESEEDORG@GMAIL.COM

By Mail: P.O. Box 44, 521 Central Ave., Cheltenham Township, PA 19012

1. Applicant's Full Name: _____
LAST NAME FIRST NAME MIDDLE INITIAL

2. Applicant's Complete Address:

STREET ADDRESS

STREET ADDRESS (SECOND LINE)

CITY STATE/PROVINCE POSTAL CODE/ZIP CODE

COUNTRY

PHONE COLLEGE E-MAILADDRESS

3. College Attending:
4. College Address:
5. Date to enter/entered college:
6. Number of Years College completed:
7. Major:
8. Minor:
9. Overall GPA:

10. Personal Essay:

(Include actual essay as an attachment, 1 page, single-spaced, 12-point type; may be less, such as double-spaced, etc. describing your goals and what this scholarship would mean to your academic career).

11. Reference: (Enclosed)

12. I have submitted a photograph to be used if I am selected as a scholarship winner: Yes / No [Please note: We welcome digital photos.]

13. I have signed and submitted the attached "Assignment of Rights & Consent to Publish Scholarship Information": Yes / No

ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP

KNOW ALL PERSONS BY THESE PRESENTS (must sign):

THAT I, _____, do hereby give PLANTTHESEEDMC Organization full rights to publish my name, where I live (city, state, and country only; actual street addresses and phone numbers will not be disclosed), my pertinent family information, college I am attending, photographs that I have provided, and college update information.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by PLANTTHESEEDMC in its print or electronic correspondence, catalog, or on its website.

I hereby specifically waive my right to review or approve THE MODIFICATION of the above information. (Modifications may be made to accommodate size or content restrictions. Modifications will not be made to "distort" or "falsify" any information provided.)

I understand that this Agreement in no way obligates PLANTTHESEEDMC Organization to publish or use the above-described information.

Date: ____/____/____

By: _____
(Print Name)

(Signature)