

# Collin County Hobby Beekeepers Association

## John Talbert III

### College Scholarship Application

#### INSTRUCTIONS

Complete the entire application. Incomplete applications will not be considered.

#### PURPOSE

To provide financial assistance in the amount of \$500 to students engaged in post secondary studies related to bees and beekeeping.

**Application deadline:** June 21, 2020, 6:00 p.m.

*Scholarships are subject to the availability of funds and are renewable at the discretion of CCHBA scholarship committee members.*

#### STEPS

1. Fill out the application form
2. Complete three essays described below
3. Provide two letters of recommendation
4. Provide official school transcripts
5. Email completed application and essays to: Talbertscholarship@CCHBA.org, and mail letters of recommendation and sealed school transcripts to: CCHBA Talbert Scholarship, P.O. Box 1113, Gainesville, TX 76241.

**Essay #1:** Please write a brief biographical sketch about yourself.

**Essay #2:** In 250 words or less please list and/or describe your participation and leadership during the last three years in extracurricular activities, including performance groups, athletics, cultural and civic clubs, and church and community service.

**Essay #3:** In 250 words or less please describe your area of study in addition to, your educational, professional, and personal goals. Describe how CCHBA will help you achieve them. How does beekeeping relate to your goals?

**Letters of Recommendation:** Please submit **two** letters of recommendation:

1. From a CCHBA Member who is not a relative
2. Second letter from your choice of:
  - A current teacher/professor at your school,
  - Place of employment (Management), or
  - Your Pastor or Minister

**APPLICANT INFORMATION (Please print carefully)**

Full Legal Name: \_\_\_\_\_

First

Middle

Last

Current Address: \_\_\_\_\_

Number & Street

City, State, Zip

County of Residence \_\_\_\_\_

\*Country of Citizenship: \_\_\_\_\_

Phone: (Please Specify if Cell/Home): \_\_\_\_\_

Email: \_\_\_\_\_

Education Sought: \_\_Certificate \_\_Associates \_\_Bachelors \_\_Masters \_\_Doctorate

Department/Program: \_\_\_\_\_

Major/Specialization: \_\_\_\_\_

I am a **new** student in this program

I am a **continuing** student in this program

First semester enrolled \_\_\_\_\_

Which semester do you wish to be considered for? \_\_\_\_\_

College or University where you plan to use the Scholarship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

**APPLICANT HISTORY**

*If more space is needed, please attach separate sheet.*

**Past and Current Education** *(Please specify if graduated)*

<b>Name of School</b> (City & State)	<b>Dates Attended</b> (mm/dd/yy)	<b>Major</b>	<b>Degree</b>	<b>GPA</b>	<b>Credits</b>

**I certify that the information in this application is complete and accurate to the best of my knowledge. I also agree to give a presentation to the CCHBA on a subject matter relative to my field of study during the school year in which I receive this scholarship.**

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**Signature of Applicant** **Date**

*\*Scholarships will be awarded at the July meeting. You will be asked to furnish your Social Security Number or Tax ID for tax filing purposes if you are selected for a scholarship.*