



## ADVANCE DEGREE SCHOLARSHIP

### Application Form

(Please type or print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (work) ( ) \_\_\_\_\_ (home) ( ) \_\_\_\_\_

District \_\_\_\_\_ County \_\_\_\_\_

Years in Extension \_\_\_\_\_ Date of employment with Extension \_\_\_\_\_

Name of University to be attending \_\_\_\_\_

Type of Degree \_\_\_\_\_ Field \_\_\_\_\_

Hours completed toward Degree \_\_\_\_\_ Hours remaining to complete requirements \_\_\_\_\_

In the space provided, tell why you are seeking this degree and how it will benefit you, your Extension career and your clientele.

---

---

---

---

---

**DEADLINE: Due to Scholarship Committee Chairman by March 15th**