The Alfred DiVencenzo Memorial

Student Scholarship

Application

2024

**Personal Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addresss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Farm Sponsor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Farm Sponsor Address (if different from above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note, attachments are acceptable.**

Have you ever applied for this scholarship before? NO\_\_\_\_\_\_\_\_\_YES\_\_\_\_\_\_\_\_\_If yes, when?\_\_\_\_\_\_\_\_\_

**Scholastic Information**

High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Please provide your most recent academic transcript.

High School/College Clubs, Organization, Activities:

List any scholastic distinctions or honors you have received:

Name of the college, you plan to attend or are attending:

Area of study or major (be specific):

**Briefly state your future career plans:**

**Community Participation /Work Experience**

List the various community activities in which you have participated, including any leadership roles you have taken in such activities (FFA, 4-H, church, service organization, volunteer positions, etc):

List your work experience:

Explain your home and/or farm responsibilities:

**Ohio Christmas Tree Association and Knowledge**

Is your family or Farm Sponsor a current member of the Ohio Christmas Tree Association?

How long have you/your family been a member?

If you have not been a member of the Ohio Christmas Tree Association and have joined the organization to apply for this scholarship, how do you feel the OCTA would be of benefit to you?

**Agricultural Background and Interests**

What is your present connection/involvement/interest in Agriculture and/or Christmas Tree Production?

**Written Essay**

There are many issues that face Christmas Tree Growers around the country (for example “green” Christmas trees, reusable/rental trees, artificial coloring, pest control, use of social media/marketing, supply/demand, real vs artificial, small business vs big box retailers). Please select an issue (or one not mentioned above) and discuss how it is impacting Christmas tree growers and how the OCTA may help

to facilitate learning/options. In addition, explore what role you may be able to take as an educated individual involved in agriculture to resolve/promote discussion with this issue.

Your essay must be typed and attached to this application. No longer than 500 words please.

**Financial Need**

How do you plan to finance your college education?

Briefly state your personal reasons and needs for applying for this scholarship and any other information that you think the Administrative Team of the Scholarship Program should know about you.

**Recommendation**

Attach to this application a letter of recommendation.

(Written by someone other than family member)

**Statement of Applicant, Parent or Sponsor**

I have read the Rules and Eligibility requirements and agree to the terms of this Scholarship.

I have reviewed the attached application, and I hereby verify that the information applicable to my position is correct and complete.

Parent or Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return completed application to: OCTA, 6870 Licking Valley Rd, Frazeysburg, Ohio 43822

10-17, Rev 1-21-18, 9-15-20, 2-23

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