

PLANT SCIENCE- BIOTECHNOLOGY MAJOR SCHOLARSHIP PROGRAMS



ON THE CAMPUS OF FORT VALLEY STATE UNIVERSITY (FVSU)
SPONSORED BY
THE UNITED STATES DEPARTMENT OF AGRICULTURE
(1890 CAPACITY BUILDING PROGRAM)

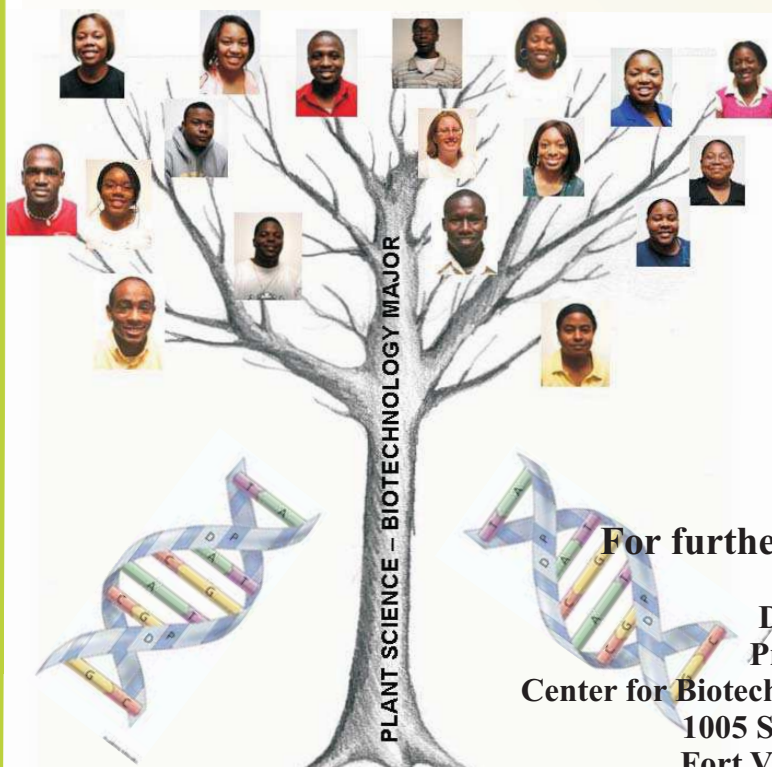


Purpose

- ◆ To increase the number of students enrolling in the Plant Science-Biotechnology program.
- ◆ The scholar receives a **stipend of \$3,500 per academic year** for a maximum of four (regular) academic years.
- ◆ A total of **15 scholarships are available** under this program for 2009.
- ◆ As a sophomore, scholars can work in a laboratory for **10 hours per week with a research scientist in a work- study program**. Scholars will receive an additional **\$300 stipend** for this program.

Application Requirements

- ◆ Eligible applicants must be entering freshmen or sophomores
- ◆ Should already been admitted to the Fort Valley State University
- ◆ Have completed scholarship application form



Selection Criteria

- ◆ Have a cumulative high school/college GPA of **2.8** or higher on a 4.00 scale.
- ◆ Have an SAT (or ACT compatible) combined score of at least 980.
- ◆ Demonstrate a strong interest in agricultural biotechnology
- ◆ Agree to abide by university and program rules and regulations.
- ◆ Scholars must maintain full-time status with a minimum of **2.8** cumulative GPA.
- ◆ Scholars must sign a Scholarship Memorandum of Understanding to fully participate in the program.

For further information contact:

Dr. Sarwan Dhir
Program Director
Center for Biotechnology, 113 Alva Tabor Building
1005 State University Drive
Fort Valley State University
Fort Valley, GA 31030-4313
Call (478) 825-6887; Fax (478) 827-3062

DEADLINE TO APPLY IS APRIL 10, 2009.

e-mail dhirs0@fvsu.edu

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ON THE CAMPUS OF FORT VALLEY STATE UNIVERSITY
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I. APPLICANT INFORMATION:

Name: _____
(Last) (First) (MI)

Social Security Number: _____ - _____ - _____ Date of Birth: (mm/dd/yyyy) _____

Gender: ☐ Male ☐ Female

Ethnicity: *(Please make a selection)*

☐ African- American

☐ Asian American

U.S. Citizen status: ☐ Yes ☐ No

☐ Hispanic American

☐ American Indian

☐ Other

Mailing Address: _____

City: _____ State: _____ Zip _____

Telephone Number (_____) _____ - _____ E-mail Address (**mandatory**) _____

Permanent Address: _____
(Street) (City) (State/Zip Code)

Major field of study _____ Classification _____ GPA _____

II. ACADEMIC INFORMATION:

1. List your **extra curricular activities** (both in and outside school); include volunteer work, community service projects, etc.:

2. List any **honors, scholarships, or awards** you have received (indicate date and nature of award):

3. List your **hobbies** or special interests:

4. What are your **academic** and **professional goals**?

Name of applicant _____

5. In the space below, please write a brief explanation of why you should be chosen for this scholarship.

III. REFERENCES *(List the name, address, and phone number of two persons who will submit letters of recommendation):*

Name	Address	Phone No.
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1. _____
2. _____

VI. SIGNATURE OF APPLICANT AND PARENT

I hereby certify that the information given on this application is true to the best of my knowledge.

Name	_____		
	Last	First	Middle
Father's Name	_____		
	Last	First	Middle
Mother's Name	_____		
	Last	First	Middle

Guardian's Name (if different from above): _____

Parent/Guardian's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

COMPLETED APPLICATIONS WILL BE PROCESSED AS RECEIVED. Early submission is strongly advised. Final decisions will be made by **APRIL 10, 2009**. **SEND APPLICATION AND TWO LETTERS OF RECOMMENDATION TO:**

Dr. Sarwan Dhir, Program Director
Center for Biotechnology, 113 Alva Tabor Building
1005 State University Drive
Fort Valley State University
Fort Valley, GA 31030-4313

**PLANT SCIENCE- BIOTECHNOLOGY MAJOR
SCHOLARSHIP PROGRAM MEMORANDUM OF UNDERSTANDING**

I, _____, understand that if an educational scholarship is awarded to me, I will enroll in and complete the Plant Science-Biotechnology Program at Fort Valley State University. The amount of this scholarship is \$ 3,500 per academic year.

Accepting this scholarship means that I agree to:

1. Maintain full-time status until completion of the undergraduate course of study for which the scholarship is provided.
2. Maintain an acceptable level of academic standing in the approved course of study for which a scholarship is provided.
3. Submit to the Program Director, for approval, a course listing for the academic year.
4. Obtain approval from the Program Director before altering the approved course listing.
5. Provide an appropriate annual report to the Program Director.

I further understand that if I do not abide by the above stated terms that I may be dismissed from the program. At the time of dismissal, I will become responsible for repaying a portion of the scholarship amount used (approximately 50%). Arrangements for repayment will be made with the Program Director.

By taking a personal inventory of my circumstances, I am able to make the commitment needed to finish this program. I understand the amount of time and effort needed to graduate.

By signing this contract, I am agreeing that it is a fair and binding agreement. I understand and agree to all terms of the contract and will adamantly work to adhere to them.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____,
20 _____.

Student's Signature

Date

Signed, sealed and delivered in

the presence of: _____

(Notary Seal)

NOTARY PUBLIC

My Commission Expires _____

Program Director

Date