



ATLAS GREENHOUSE

Atlas Greenhouse Horticulture Scholarship 2017

Purpose

To reward a high school senior that has demonstrated a passion for horticulture, including ornamental production, landscaping or vegetable production, and has a desire to further his/her education in the field of horticulture.

Eligibility Criteria

- Must be a senior in a high school that has purchased an “Educator” Greenhouse from Atlas Manufacturing, Inc. between January 1, 2016, through December 31, 2016.
- Student must be nominated by his/her horticulture teacher.

Selection Criteria

The Scholarships are awarded based on:

- Student’s desire to further his/her education in the field of horticulture
- Character
- Work ethic
- Participation in high school horticulture program
- Community/extracurricular activities

How to Apply

- Application forms can be downloaded online at www.atlasgreenhouse.com or can be mailed upon request. Application forms will be available by December 1, 2016.
- Student must submit completed Scholarship Application provided by Atlas Manufacturing, Inc. no later than April 30, 2017.
- The teacher/faculty advisor must complete and submit the Nomination Form provided by Atlas Manufacturing, Inc. no later than April 30, 2017.
- *NOTE* Applications returned by mail must be postmarked by April 28, 2017.
- Applications can be returned by email, fax or mail to:

Atlas Manufacturing, Inc.

P.O. Box 558

Alapaha, GA 31622

229-532-4600 fax

info@atlasgreenhouse.com

Selection Procedure

Applications will be reviewed and the winner will be selected by the Atlas Selection Committee no later than May 31, 2017. The winner will be selected based on his/her abilities, skills and accomplishments-without regard to gender, race, ethnic origin or religious preference. The winner will be announced on the Atlas Greenhouse website (www.atlasgreenhouse.com) and by e-newsletter. The winner and winner’s high school will also be contacted personally. A Scholarship Certificate will be mailed to the high school principal for presentation to the winning student

Payment

Payment will be made to the Financial Aid Office of the school chosen by the winner. Payment will not be made until verification of enrollment has been received.



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Scholarship Application

Name:

Last	First	Middle
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Address:

Street	City	State	ZIP
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Phone:

Email:

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University or college you plan to attend fall 2016:

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Parent/guardian name and contact phone number:

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Teacher/faculty name and contact phone number:

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High School(s) Attended			
School Name	County	Dates From/To	Graduation Date

Joint College Enrollment			
School Name	County	Dates From/To	Graduation Date

Please attach a copy of your school transcripts.

GPA:

I have read the scholarship guidelines and ask that I be considered for Atlas Greenhouse's scholarship with full understanding of the conditions. Also, I give my permission for release of information requested from attended schools. This may include evaluations by teachers, SAT and/or ACT scores and other information related to determining my qualifications for the scholarship. I understand applications will be kept confidential and I waive any right to access to them.

Signature

Date

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Extracurricular Activity		
Please list organizations or activities in which you participate.		
Organization Name	Position Role	Dates From/To

Honors	
Please list any other honors, awards or prizes received.	
Name of Organization or Activity	Description of Recognition

Provide a cover letter of not more than two pages, which should include:
1. Experiences or factors that stimulated your interest in your expected major
2. Your plans following graduation
3. How the scholarship would benefit your education and career goals
4. Examples of personal experiences or events that will help you attain your career goals



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Nomination Form

To be completed by faculty advisor or instructor.

Please complete the following and use the space at the bottom of this page to comment on the applicant's contributions to the horticulture industry, recent academic qualifications and current financial needs. If additional space is needed, use reverse side of form or additional pages (be sure to indicate student name on each page).

Student Applicant's Name: _____

Institution: _____

Faculty Member: _____

Title: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Signature

Date