CELEBRATE HARVEST CONTINUING EDUCATION APPLICATION

Please **type** your answers. *Use an additional piece of paper if necessary*		
1.	Last Name:	First Name, Middle Initial:
2.	Mailing Address Street: City: State: Zip:	
3.	Daytime telephone number: ( ) Email address:	
4.	Date of birth: Month Day Year	
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale)	
6.	Name and location of high school/agritainment venue you work for:	
7.	A. List any academic honors, awards and membership activities while in high school: B. List your responsibilities at the agritainment venue for which you work: C. List any non-school/non-farming sponsored volunteer activities in the community:	
8.	Anticipated field of study:	

9.	Name & address of parent(s) or legal guardian(s): *(Include address if different than your own listed in Question 2.)* Name(s): Street: City: State: Zip: Home phone of parents or legal guardians: Work phone:
10.	On a separate paper, please write an essay (no more than 2 pages) addressing the following: Explain why you want this continuing education award, and what particular area of study/expertise you would want to use it for within the agritainment industry. Also, describe, your experience with agritainment and what it is you like about experiential farming.

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and used to promote the Celebrate HARVEST Scholarship Program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a recipient of the Celebrate HARVEST Continuing Education Award, it is my responsibility to submit to the Celebrate HARVEST scholarship committee, no later than August 1st, a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address OR proof from the agritainment venue's owner that they will be interning on premises for educational purposes.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of awarded applicant: _____ Date: _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to Celebrate HARVEST Continuing Education Award Program.

Name of Guidance Counselor/Agritainment venue owner:

_____

High School/Agritainment venue:
_____

Contact information (email and phone):_____

Signature of Guidance Counselor/Agritainment venue owner:
_____ Date: _____

Checklist:
___ Application
___ Essay on separate sheet of paper
___ Guidance Counselor signature
___ One letter of recommendation

MAIL COMPLETED APPLICATION PACKAGE TO Celebrate HARVEST AT:
CH Continuing Education Award Committee
c/o Celebrate HARVEST
11709 250TH Ave E
Buckley, WA 98321

REMINDER:
Applications must be received by the Celebrate HARVEST Continuing Education Award Committee no later than May 31st. There will be no exceptions!