New Mexico Vegetation Management Association Scholarship Application								
Арр	(yea	r) Spring	j (	(year)				
Please Print:								
Last Name:	, Initial:		Ema	Email Address:				
				Pho	ne Nur	nber:		
Permanent Address:			State of L	₋egal Resi	dence:	County:		
City	State	Zip	Name of Relative who is Member of NMVMA:					
Current Address if different than Permanent:			City:			State Zip:		
		Date of Bir	th:					
U.S. Citizen: Yes No						Male	Female	
Visa Status: Name of College or University if currently enrolled:				Major or Area of Interest:				
Name of College of Oniversit	y ii currently em	ronea.	IMAJOI O	n Alea C	n miere	:SI.		
For Continuing or Transfer Stu	dents:							
NM College Stude								
□ GPA:			FR	SOPH	JR	SR	GRAD	
New transfer studenttransferring from which institution:  Continuing at which institution:  GPA:								
For Incoming Freshmen Only:								
Name of High School, City, State:			GPA:			Graduation Date:		
	ipated Date of uation:							
Extra Curricular Activities-Li	st High School o	r College A	ctivities,	Honors	, Comn	nunity Sei	rvice,	
University Service, etc.								

How will you use your scholarship?				
Signature of Applicant:		Date:		