

Application Form
MELVIN D. WRISLEY MEMORIAL SCHOLARSHIP
See Criteria Below

- A. Name
Address
Telephone
- B. Name of Parent(s) or Guardian
- C. Date of Birth
- D. College (Requires at least one year satisfactory completion of NYS accredited college)
1. Name
 2. Location
 3. Year(s) or semester(s) (specify) completed
 4. Major
 5. Expected Degree: _____ Year: _____
- F. Describe your interest and experience in Agriculture.
- E. Describe your involvement, achievements, leadership roles etc. in activities related to: community, school, church, hobbies, special interests, etc.

G. Describe how your educational and career goals relate to the field of agriculture.

Signature of Applicant

Date Submitted

Submit this application to: Cornell Cooperative Extension
50 West High Street
Ballston Spa, NY 12020

You may wish to use this application form as an outline for submitting your information.
The completed application will become the property of the above association.

SELECTION CRITERIA

Selection will be made by a committee appointed by the president of Cornell Cooperative Extension in Saratoga County. Criteria will include demonstrated interest in agriculture, satisfactory completion of at least one year of an accredited New York State College, character, leadership, and service. Preference may be given to applicants from Saratoga County, those with special interests in farming and those pursuing an agricultural degree.