



Bayer Hawaii Life Sciences Scholarship

Objectives:

To encourage the pursuit of higher education in life sciences

Who May Apply:

Students of all public and private high schools in the State of Hawaii who will be graduating in good standing this year and will be attending an accredited college or university to pursue a post-secondary education in a discipline related to the life sciences (including agriculture, agronomy, biology, botany, genetics, horticulture, plant physiology, chemistry, crop science and soil science).

Where to Get Applications:

See your high school counselor or contact Bayer U.S. – Crop Science, Life Sciences Scholarship Committee, P.O. Box 200, Kunia, HI 96759.

Applications are also available online at www.MonsantoHawaii.com/community.

Scholarship:

Eligible recipients selected for this scholarship will each receive one \$1,000 scholarship award.

Selection Criteria:

1. Satisfactory academic performance (transcripts required)
2. Extra-curricular activities
3. Narrative
4. One letter of recommendation from counselor/ teacher and one letter of recommendation from club or community organization leader

Deadline for Applications:

Applications must be received no later than April 2, 2019

Send Completed Applications to:

Bayer U.S. – Crop Science
Life Sciences Scholarship Committee
P.O. Box 200
Kunia, HI 96759



Bayer Hawaii Life Sciences Scholarship Application Form

APPLICANT INFORMATION

Name of Applicant: _____
Last First M.I.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: ____ Phone: _____ Email: _____

Father's Name: _____

Last First M.I.

Mailing Address: _____ Phone: _____

Mother's Name: _____

Last First M.I.

Mailing Address: _____ Phone: _____

School currently attending: _____ Island: _____

College/University you plan to attend (indicate if admission has been received or is pending):

Major field of study: _____

APPLICANT SUBMITTAL

Applicant hereby agrees to utilize the scholarship award in accordance with the application submitted to Bayer. Distribution of scholarships is limited to those applicants who are in compliance with these policies and procedures. Bayer reserves the right to withhold such distributions at any time the applicant/grantee is not in compliance. By signing below, you hereby agree that Bayer has the right to use, publish, print, distribute and exhibit, the scholarship recipient's name, likeness, photographs, biographical information and other information contained on this form for advertising and promotional purposes for Bayer Hawaii scholarship program(s), without further compensation or notification. "I certify that the information on this form is true and correct to the best of my knowledge as evidenced by these signatures. I understand that all information contained on this form is subject to verification and that false information will lead to disqualification."

Applicant signature

Date

Parent/Legal Guardian signature

Date



Your Name: _____

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EDUCATIONAL PLAN

Please describe your future educational and career plans in narrative form, and why you are interested in your planned field of study. You may attach additional sheets if necessary.



Your Name: _____

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EXTRA-CURRICULAR ACTIVITIES

Provide a list of school-related and community service awards received, as well as activities, clubs and organizations participated in and leadership positions held. You may attach additional sheets if necessary.

Community Activities (list any leadership positions held):

Academic and Community Service Awards:

School Activities (include leadership positions held and number of years involved, if applicable):