National Garden Clubs
SCHOLARSHIP APPLICATION FORM

Full Name

Date of Birth (Month/Year)

Home (Legal/Permanent) Address: (your address at end of semester is necessary to send notification and required information/forms)

City __________________________ State ______ Zip ______ Phone __________________________

Email __________________________ Cell phone __________________________

College/University __________________________

Department Enrolled __________________________

Major __________________________ Minor __________________________

CURRENT GRADE LEVEL AT TIME OF APPLICATION:

Sophomore ______ Fifth Year Landscape Architect ______

Junior ______ Graduate Student ______

Senior [ ]

CURRENT CUMULATIVE GRADE POINT AVERAGE __________________________

College(s) Previously Attended __________________________

Dates __________________________ Previous Semester GPA __________________________

When do you expect to graduate? ______ Degree __________________________

Occupational Objective After Graduation __________________________

Name of Financial Aid Office __________________________

Address __________________________

Telephone __________________________ Email __________________________

STUDENT’S SIGNATURE __________________________ Date ____________

SUBMIT THIS FORM WITH THE OTHER REQUIRED ITEMS ONLINE (https://gardenclub.org/college-scholarships) OR TO THE SCHOLARSHIP CHAIRMAN OF YOUR STATE

DEADLINE: Received by February 1st