
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