

**National Garden Clubs
SCHOLARSHIP APPLICATION FORM**

Full Name _____

Date of Birth (Month _____/Year _____) Female _____ Male _____ Marital Status _____

Home (Legal) Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ 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 GPA _____

When do you expect to graduate? _____ Degree _____

Occupational Objective After Graduation _____

Name of Financial Officer _____

Address _____

Phone _____ Email _____

STUDENT'S SIGNATURE _____ Date _____

SUBMIT THIS FORM WITH THE OTHER REQUIRED ITEMS TO THE SCHOLARSHIP CHAIRMAN OF YOUR STATE
DEADLINE: Received by MARCH 1