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National Garden Clubs  
**SCHOLARSHIP APPLICATION FORM - YEAR – 2022-2023**

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Full Name \_\_\_\_\_

Date of Birth (Month/Year) \_\_\_\_\_ Female  Male

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 Officer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**STUDENT'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

SUBMIT THIS FORM WITH THE OTHER REQUIRED ITEMS TO THE SCHOLARSHIP CHAIRMAN OF YOUR STATE

**DEADLINE: Received by February 1<sup>st</sup>**