
GCNC & National Garden Clubs, Inc.
SCHOLARSHIP APPLICATION

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