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**National Capital Area Garden Clubs  
SCHOLARSHIP APPLICATION FORM**

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

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

Status \_\_\_\_\_

Home (Legal) Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone

\_\_\_\_\_

Email \_\_\_\_\_

Cell phone

\_\_\_\_\_

***If enrolled or accepted***  
College/University name

\_\_\_\_\_

Address \_\_\_\_\_

Department Enrolled

\_\_\_\_\_

Major \_\_\_\_\_ Minor

\_\_\_\_\_

**CURRENT GRADE LEVEL AT TIME OF APPLICATION :**

Freshman \_\_\_\_ 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

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Name of Financial Officer

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Address

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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, 2012***