Wolfeboro Garden Club Scholarship Application 2026



Complete this application with your parents' or guardians' assistance and submit it with your transcript no later than April 14, 2026 to:

Wolfeboro Garden Club	P O Box 1786	Wolfeboro, NH 03894
1. Name:		
2. Permanent Address:		
4. Email Address:		
5. Home Phone Number: _		
6. Cell Phone Number:		
7. Date of Birth:		
8. High School Attended ar	nd Graduation Date: _	
9. Cumulative GPA:		
10. Name, Location and An To Which You Have Applied		n, room & board, etc.) of Colleges / Universities g:
11. Anticipated Major:		
12. Length of Program:	_ Certificate Program	2-Yr. Program 4 Yr. Program
13. Parents' Places of Empl	oyment (include add	resses):
Father:		

Mother:
nnual Household Income:
umber of Dependents in Household:
st All High School Activities, Clubs, Honors, Projects, Hobbies or Interests:
st All Employers, Dates of Employment and Average Number of Hours Worked per Week the Summer and School Year:
st All Community Organizations, Clubs or Service Projects In Which You Have Participated
riefly tell us why you should be awarded this scholarship and describe any family or
nal circumstances that we should know about:

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•						
I believe	e the above information to be accurate.					
Signatu	re of Applicant:					
Signature of Parent / Guardian:						

Thank you for applying for the Wolfeboro Garden Club Scholarship. We wish you all the best in your future endeavors!