Wolfeboro Garden Club
Scholarship Application 2027

Complete this application with your parent's or guardian's assistance and submit it with a copy of your transcript, no later than April 14, 2027 to: wolfeborogardenclubscholarship@gmail.com

1. Name _____

2. Permanent Address: _____

_____

3. Mailing Address (if different than above): _____

_____

4. Email Address: _____

5. Home Phone Number: _____

6. Cell Phone Number: _____

7. Date of Birth: _____

8. High School Attended and Graduation Date: _____

9. Cumulative GPA: _____

10. Name, Location and Anticipated Cost (tuition, room & board) of College/Universities to Which You Have Applied/Anticipate Applying:

_____

_____

_____

11. Anticipated Major: _____

12. Length of Program: ___ Certificate Program ___ 2-Yr. Program ___ 4-Yr. Program:

13. Parents' Places of Employment (include addresses):

Father: _____

_____

Mother: _____

_____

14. Annual Household Income: _____

15. Number of Dependents in Household: _____

16. List All High School Activities, Clubs, Honors, Projects, Hobbies or Interests:

_____

_____

_____

17. List All Employers, Dates of Employment and Average Number of Hours Worked per Week During the Summer and School Year:

_____

_____

_____

18. List All Community Organizations, Clubs, or Service Projects in Which You Have Participated:

_____

_____

_____

19. Briefly Tell Us Why You Should be Awarded this Scholarship and Describe Any Family or Personal Circumstances that We Should Know About:

I Believe the Above Information to be Accurate.

Signature of Applicant: _____

Signature of Parent/Guardian: _____

Thank you for applying for the Wolfeboro Garden Club Scholarship. We wish you the Best!