

Men's Garden Club of Youngstown Scholarship Application

Name _____

Home Address _____ Home phone: _____

City _____ State _____ Zip Code _____

Cell phone _____ Email _____

County of Residence _____

(If currently in college complete information below)

School Address _____ School phone: _____

City _____ State _____ Zip Code _____

Education

List name of school, years enrolled, date graduated, diploma received and other related information for all institutions attended.

High School _____

College _____

Name and address of institution in which you are currently enrolled

Major area of study _____

Years completed and how many remain _____

Advisor _____

Employment

List current and recent employers. If more space is needed, attach additional sheets.

List additional experience that relates to your field of study. _____

Describe your career goals. _____

Items to be obtained by applicant and attached to application:

1. Copy of current transcript
2. 3 letters of recommendation from 3 professors or two professors and an employer and transcripts described on second page of application.
3. A typed essay not to exceed one page describing yourself, current and long term professional goals, financial needs and how specifically this scholarship will benefit you.

Return this application by March 1, 2019 to:

Men's Garden Club of Youngstown
c/o Robert Schulick
1012 Old Furnace Rd
Youngstown, OH 44511

For Further Information Please Call:

(330) 792 5544 Home

(330) 727 1674 Cell