
**Pacific Region Garden Clubs
SCHOLARSHIP APPLICATION FORM**

Full Name _____

Date of Birth (Month/Year) _____

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 Aid Office _____

Address _____

Telephone _____ Email _____

STUDENT'S SIGNATURE _____ **Date** _____

SUBMIT THIS FORM WITH THE OTHER REQUIRED ITEMS TO Your State Scholarship Chairman
A list of State Scholarship Chairmen is available on the National Garden Clubs' website.

Questions, contact:
Kristie Livreri 5608 Great Gorge Cr Las Vegas, NV 702-655-7391 kristabelle7@aol.com

DEADLINE: Received by February 1st to your state chairman