



Rolling Meadows Garden Club

Scholarship Application Form

Full Name _____

Date of Birth (Month/Year) _____ Gender _____

High School _____ Graduation Year _____

Home (Official) Address _____

City _____ State _____ Zip _____

Phone _____ email _____

College/University _____

Department enrolled _____

Major _____ Minor (optional) _____

Receipt of this application and signature below implies permission to use your name, image, and likeness in Garden Club promotional materials. "I, the undersigned, hereby release Rolling Meadows Garden Club and its affiliates from any and all claims, demands, and causes of action, whether known or unknown, arising from or related to the use of my name, image, and likeness in any form of media, including but not limited to photographs, videos, publications, or digital content, for promotional or marketing purposes, and I waive any right to inspect or approve such usage."

Student Signature _____ **Date** _____

Parent/Guardian signature (if under 18) _____

Date _____

SUBMIT THIS FORM WITH THE OTHER REQUIRED ITEMS BY APRIL 15, 2025

Website: rollingmeadowsgardenclub.org

email: rmgcscholarship@gmail.com