



SCHOLARSHIP APPLICATION FORM

I. PERSONAL INFORMATION

Full Name: _____

Date of Birth (MM/YYYY): _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

II. ACADEMIC BACKGROUND

High School: _____ Graduation Year: _____

College/University: _____

Department Enrolled: _____

Major: _____ Minor (Optional): _____

III. MEDIA RELEASE & LIABILITY WAIVER

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: _____ Date: _____

(Required if applicant is under 18)

SUBMISSION INSTRUCTIONS

DEADLINE: APRIL 15, 2026 Please submit this completed form along with all other required application materials to:

- Email: rmgcscholarship@gmail.com
- Website: rollingmeadowsgardenclub.org