

## VIRGINIA FEDERATION OF GARDEN CLUBS, INC. (VFGC)

## **APPLICATION FORM FOR SCHOLARSHIP**

			Date
Please type or print:			
Name in Full:			
Student I. D. #			
Name and Address of Pare	ent(s)/Legal Guardian:	:	
Virginia Resident (yes or no	10)		
School Address			
Telephone No.			
Circle Present Status: Freshman Sophor	omore Junior	Senior	Graduate Student
Major Subject:			Cum. GPA:
College/University where e	enrolled		
Projected Graduation Date	e: (Month & Year)		
How many hours per seme	ester will you take?		
Occupational objective afte	er graduation:		
List Scholarships, prizes ar	nd awards received (g	ive dates and amount	ts, and, use back if necessary)
How do you plan to further	finance vour college e	education? Work L	oans Family Aid
Other Financial assistance	_		•
Name & Address of College	e/University Financial	Aid Officer:	
Please include:			
<ul> <li>Two (2) letters of r</li> </ul>	recommendation inclu	ding one from a profe	ssor in applicant's major
<ul> <li>Signed letter from</li> </ul>	applicant, discussing	goals, background, fir	nancial need and personal commitment
<ul> <li>Official college train</li> </ul>	nscript		
<ul> <li>Include a 1 page li</li> </ul>	ist of Extra-Curricular	Activities, Community	Activities, Honors and Awards
Signature Applicant:			Date Submitted

**Applications must be completed and received** by February 1. The applicant's major must be in a field related to garden club interests such as horticulture, forestry, environmental science, botany, landscape design, etc.

Send completed application to:

Jill Quinley, VFGC Scholarship Chairman PO Box 453,

Madison, VA 22727- 0453, Also: jquinley37@gmail.com