## GARDEN CLUB OF YARMOUTH

## **SCHOLARSHIP APPLICATION**

for current scholarship recipients

Name:	
Mailing Address:	
Phone: Email:	
College presently enrolled in:	
Major Field of Study:	
Minor Field of Study:	
Anticipated Costs: \$ Parents' Contribution: \$	_
Financial Aid: \$ Other Scholarships: \$	_
Your contributions: \$	
Family Size? Total number dependent upon parents? Presently in college (including parents and yourself)	_
Your Recent and Summer Employment Experience(s):	
College Activities, Offices held, Honors, Awards:	

Current Scholarship

Personal Information: In this space, explain why you would be a good candidate to receive a scholarship. State your goals and why you are applying for this scholarship. Be sure to include anything you feel may favorably affect consideration of your application.
I affirm that the information on this application is correct:
Parent signature:
Student signature:
****Please include a grade transcript and two (2) letters of recommendation with this application. They may be from a teacher, an employer, or a non-related person.
Please submit this application by April 15 to:
Margery Kelly Garden Club of Yarmouth Scholarship 121Camp St. #112

West Yarmouth MA 02673