

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:

Claire Linnan
Garden Club of Yarmouth Scholarship
16 Russo Rd.
South Yarmouth MA 02673

Current Scholarship