

GARDEN CLUB OF YARMOUTH

SCHOLARSHIP APPLICATION for new applicants

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

College applying to or presently enrolled in: _____

Major Field of Study: _____

Minor Field of Study: _____

Anticipated Costs: \$ _____ Parents' Contribution: \$ _____

Financial Aid: \$ _____ Other Scholarships: \$ _____

Your contributions: \$ _____ (as stated on Financial Aid form if one has been filed)

Father's Name: _____ Occupation: _____

Father's Address: _____

Employed By: _____ Annual Salary: _____

Mother's Name: _____ Occupation: _____

Mother's Address: _____

Employed By: _____ Annual Salary: _____

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:

Scholarship_new applicant

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.
West Yarmouth, MA 02673

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