

GARDEN CLUB FEDERATION OF MAINE HORTICULTURE SCHOLARSHIP

APPLICATION FORM

Full Name

Date of Birth (Month/Year)

Home (Legal) Address

City

State

Zip

Phone

Email

Cell phone

College/University

Department Enrolled

Major

Minor

CURRENT GRADE LEVEL AT TIME OF APPLICATION : Sophomore
 Junior
 Senior
 Fifth-Year Landscape Architect
 Graduate Student

CURRENT CUMULATIVE GRADE POINT AVERAGE

College(s) Previously Attended

Dates

Previous GPA

When do you expect to graduate?

Degree

Occupational Objective After Graduation

Name of Financial Officer

Address

Phone

Email

STUDENT'S SIGNATURE _____ **Date** _____

To submit an application, please contact the GCFM Scholarship Chair at scholarships@mainegardenclubs.org.

DEADLINE: Received by FEBRUARY 1