

**GARDEN CLUB FEDERATION OF MAINE HORTICULTURE SCHOLARSHIP**

**APPLICATION FORM**

**Full Name**

**Date of Birth (Month/Year)**

**Female**

**Male**

**Marital Status**

**Home (Legal) Address**

**City**

**State**

**Zip**

**Phone**

**Email**

**Cell phone**

**College/University**

**Department Enrolled**

**Major**

**Minor**

**CURRENT GRADE LEVEL AT TIME OF APPLICATION :**

**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](mailto:scholarships@mainegardenclubs.org).*

**DEADLINE: Received by FEBRUARY 1**