



APPLICATION FORM
For All
Garden Club of New Jersey Scholarships

Name: Last: _____ First: _____ Middle: _____

Date of Birth: _____

Female: ___ Male: ___ Marital Status: _____ Number of Children: _____

Home (Legal) Address: _____

Zip _____ Telephone Number: _____

Email Address: _____

College/University: _____

Department in Which Enrolled: _____

Major: _____ Minor: _____

Present Status:

*High School Senior: ___

College Undergraduate:

Freshman: ___ Sophomore: ___ Junior: ___ Senior: ___

Graduate Student: ___

Current Grade Point Average: _____

Schools Previously Attended (include dates of attendance and GPA's): _____

Expected Date of Graduation: _____ Degree: _____

Occupational Objective After Graduation: _____

Attach to this application: 1. Personal Letter by applicant. Discuss goals, background, personal commitment to chosen field and financial need; 2. List of extra-curricular activities and honors received; 3. Three (3) Letters of Recommendation. Letters should discuss the following: A. Academic achievement, B. Character references, and C. Work-related experience.

Application form, official transcript, Personal Letter, List of activities and honors, Letters of Recommendation and Financial Need Form, **MUST BE RECEIVED BY THE STATE SCHOLARSHIP CHAIRPERSON BY THE FEBRUARY 1 DEADLINE.**

**High school seniors must include proof of acceptance at an accredited college or university.*

Student's Signature: _____ Date: _____