

APPLICATION FOR SHREWSBURY GARDEN CLUB SCHOLARSHIP

Qualifications: Applicant must be a high school senior or graduate and a resident of Shrewsbury for a least three years who has been accepted or is enrolled at a school of higher education in one of the following fields: Agriculture, Architectural Landscaping, Conservation, Ecology, Environmental Studies, Floral Design, Forestry, Horticulture, or in a closely related field to these studies. A transcript of the applicant is a requirement. A recipient may re-apply for this scholarship yearly while continuing his/her education in this field.

The scholarship is in the amount of \$1000.00.

Deadline to submit application is **March 24, 2017**.

Name: _____ Telephone/Cell Number: _____

Address: _____ E-Mail: _____

Age: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Names and ages of brothers and sisters _____

List colleges to whom you have applied: Accepted Not Accepted

Estimated cost of your first year in college: \$ _____

List activities you have participated in during the past four years:

School Activities: _____ Non-School Activities: _____

List all part-time and full-time jobs held: _____

List any volunteer positions held: _____

In a separate letter attached to this application, describe your reasons for attending college and give further information that will support your application in terms of your need for this scholarship.

Please have your school guidance counselor or principal complete this page, and submit it along with your application, transcript, and letter to:

Shrewsbury Garden Club
C/O Audrey Dalli
4 Jill Circle, Shrewsbury, MA 01545

To be completed by school guidance counselor:

Applicant's Name: _____

Name of School: _____

Course: _____ Class Rank: _____

Grade Point Average: _____

Please give us any information, including any other scholarships received by this student, which may assist us in our consideration of this application for the Shrewsbury Garden Club Scholarship: _____

Counselor's Name: _____

Counselor's Signature: _____

Date: _____