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# California Garden Clubs, Inc. SCHOLARSHIP

## APPLICATION FORM YEAR 2024-2025

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Money available upon verification of Fall Enrollment

Full Name \_\_\_\_\_

Date of Birth (Month/Year) \_\_\_\_\_ Female \_\_\_\_ Male \_\_\_\_ Marital Status \_\_\_\_\_

Home(Legal/Permanent) Address: \_\_\_\_\_  
(your address at end of semester is necessary to send notification and required information/ forms)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

College/University \_\_\_\_\_

Department Enrolled \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

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

Sophomore \_\_\_\_\_ Fifth Year Landscape Architect \_\_\_\_\_

Junior \_\_\_\_\_ Graduate Student \_\_\_\_\_

Senior \_\_\_\_\_ Doctoral Program Student \_\_\_\_\_

CURRENT CUMULATIVE GRADE POINT AVERAGE \_\_\_\_\_

College(s) Previously Attended \_\_\_\_\_

Dates \_\_\_\_\_ Previous Semester GPA \_\_\_\_\_

Month/Year you expect to graduate \_\_\_\_\_ Degree \_\_\_\_\_

Occupational Objective After Graduation \_\_\_\_\_

Name of Financial Officer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**STUDENT'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

SUBMIT THIS FORM WITH THE OTHER REQUIRED ITEMS TO THE CGCI SCHOLARSHIP CHAIRMAN

**DEADLINE: Received by January 15<sup>th</sup>**