
California Garden Clubs, Inc. SCHOLARSHIP

APPLICATION FORM YEAR 2024-2025

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 15th