
California Garden Clubs, Inc. SCHOLARSHIP

APPLICATION FORM YEAR 2026-2027

Money available upon verification of Fall Enrollment

DEADLINE: Received by January 15th

Full Name _____

Date of Birth (mm/dd/yyyy) _____

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	_____		

CURRENT CUMULATIVE GRADE POINT AVERAGE _____

College(s) Previously Attended _____

Dates _____ Previous Semester GPA _____
(mm/dd/yyyy)

Month/Year you expect to graduate _____ Degree _____

Occupational Objective After Graduation _____

Name of Financial Officer _____

Address _____

Phone _____ Email _____

ANTICIPATED SOURCES OF FUNDS: Please use the following form to show all (including scholarships other than anticipated one from CGCI), assistantships, educational insurance policies, etc., as well as all projected costs involved for attending college for the upcoming school year beginning in September. It is not required that projected resources and expenditures balance.

- **ALL** questions on the form must be answered since actual financial need is one of the determining factors in the awarding of scholarships.
- The student and Financial Aid Officer will determine how the money is to be spent: tuition, food, housing, books, etc.

<u>ANTICIPATED RESOURCES</u>	<u>PROJECTED EXPENDITURES</u>
_____ From parent or relative	_____ Tuition and Fees
_____ From personal savings	_____ Housing and Living Expenses
_____ School year earnings	_____ Books/Supplies
_____ Grants/Scholarships	_____ Transportation
_____ Loans	_____ Other:
_____ Other:	
_____ Total Funds Available	_____ Total Expenses

Are you eligible for receive financial aid at your institution?

Grants/Scholarships: Yes: _____ No: _____

Student Loans: Yes: _____ No: _____

THIS WILL AUTHORIZE THE RELEASE OF MY FINANCIAL NEED FORM to California Garden Clubs, Inc.

STUDENT'S SIGNATURE _____

DATE SUBMITTED: _ _____