

The Federated Garden Clubs of Connecticut, Inc.
PO Box 854, Branford, CT 06405

Dear Club Presidents,

Once again The Federated Garden Clubs, Inc. will be awarding scholarships for the Academic Year 2017-2018 from monies donated by Connecticut Garden Clubs to students entering their junior or senior year or who are graduate students in any certified College or University. They must be legal residents of Connecticut (have a Connecticut Drivers License and/or be registered to vote here) and majoring in one of the following fields: Agronomy, Botany, City Planning, Conservation, Environmental Studies, Floriculture, Forestry, Horticulture, Land Management, Landscape Design, Plant Pathology, or allied subject. They must have a grade point average of at least 3.0.

In the past we have been able to award individual grants of \$1,500 or more, but the amount(s) obviously will depend upon the generosity of both our Garden Clubs and their individual members. Available monies vary from year to year.

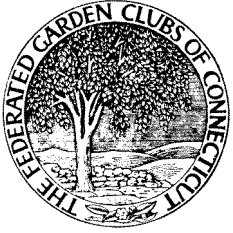
The Scholarship Committee will be most grateful for your assistance in making these awards known to interested and qualified students. Please feel free to duplicate these materials for students or have them send for additional applications to either the Federated Headquarters at any time (address above) or to me (address below).

The **DUE DATE** for all applications and supporting materials is **JULY 1ST**. It is suggested that they be sent by certified mail to me at the address below.

With appreciation for your help in this matter.

Sincerely,
Judy Joly
Scholarship Chairman

Judy Joly
10 Shibah Way
Bloomfield, CT 06002
Telephone: 860-242-6373
email: [jLjoly@comcast.net](mailto:JLjoly@comcast.net)



THE FEDERATED GARDEN CLUBS OF CONNECTICUT, INC.

SCHOLARSHIP APPLICATION FORM FOR COLLEGE JUNIORS, SENIORS,
OR GRADUATE STUDENTS UPCOMING 2017-2018

NAME IN FULL _____
SOCIAL SECURITY NO. _____ DATE OF BIRTH _____
FEMALE _____ MALE _____ MARITAL STATUS _____ NUMBER OF CHILDREN _____
HOME ADDRESS _____
ZIP _____ PHONE _____
SCHOOL ADDRESS _____
ZIP _____ PHONE _____
COLLEGE/UNIVERSITY _____
DEPARTMENT IN WHICH ENROLLED _____
MAJOR _____ MINOR _____
PRESENT STATUS: JUNIOR _____ SENIOR _____ FIFTH YEAR STUDENT (In
Landscape Architecture) _____ GRADUATE STUDENT _____
CUM. GPA _____ SCHOOL PREVIOUSLY ATTENDED _____
DATES OF ATTENDANCE _____
WHEN DO YOU EXPECT TO GRADUATE? _____ DEGREE _____
OCCUPATIONAL OBJECTIVE AFTER GRADUATION _____

NAME OF FINANCIAL AID OFFICER _____
ADDRESS _____
ZIP _____ PHONE _____

PERSONAL LETTER BY APPLICANT: Attach to this application. Letter should discuss background, career goals, financial need, commitment to chosen field of study. Not to exceed *two* typed pages. No additional materials will be accepted.

EXTRA-CURRICULAR ACTIVITIES AND/OR HONORS RECEIVED: Attach list.

LETTERS OF RECOMMENDATION: Three (3) letters of recommendation required. Each limited to *one* typed page. Additional pages or letters will not be accepted. Letters should include discussion of the following:

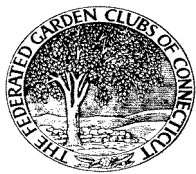
1. Scholastic ability
2. Character references.
3. Work-related experience.

Application form, along with all grade transcript, letters of recommendation, Financial Aid form, personal letter by applicant, list of activities must be sent as *one* packet to State garden Club Scholarship Chairman.

Application form must be typed. Application deadline: Must be received by Connecticut State Garden Club Scholarship Chairman on or before July 1, 2017.

CONNECTICUT STATE SCHOLARSHIP CHAIRMAN:

Judy Joly
10 Shibah Way
Bloomfield, CT 06002
Telephone: 860-242-6373
email: jLjoly@comcast.net



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AWARDS FINANCIAL AID FORM YEAR 2017-2018

This form must be completed by the Financial Aid Officer of the college or university involved and by the student, and must be signed by both of those individuals.

This information will be held in strictest confidence, and it will be made available only to members of the Federated Garden clubs of Connecticut Scholarship Committee. Since actual financial need is one of the determining factors in the awarding of scholarships, it is necessary that *all* of the requested information be supplied.

Use the following form to show all ANTICIPATED SOURCES OF FUNDS, assistantships, educational insurance policies, etc., as well as **projected costs** involved for attending college in the 2017-2018 school year. It is not a requirement that **projected** resources and expenditures must balance.

ANTICIPATED RESOURCES

_____ From parent or relative
 _____ From personal savings
 _____ Educational Insurance Policies
 _____ School-year earnings
 _____ Grants/ Scholarships
 _____ Loans
 _____ Other:

_____ **Total Funds Available**

PROJECTED EXPENDITURES

_____ Tuition & Fees
 _____ Housing
 _____ Board
 _____ Books/ Supplies
 _____ Clothing/ Laundry
 _____ Transportation
 _____ Other:

_____ **Total Expenses**

STUDENT'S SIGNATURE _____

DATE _____

FINANCIAL AID OFFICER:

Is this student eligible for/ receiving financial aid at your institution?

Grants/ Scholarships: YES _____ NO _____

Student Loans: YES _____ NO _____

Has this student applied for financial aid at your institution? YES _____ NO _____

FINANCIAL AID OFFICER'S SIGNATURE _____

ADDRESS _____

ZIP _____ PHONE _____

DATE _____