



THE FEDERATED GARDEN CLUBS OF CONNECTICUT, INC.

**SCHOLARSHIP APPLICATION FORM FOR COLLEGE
JUNIORS, SENIORS, OR GRADUATE STUDENTS UPCOMING
2024-2025**

NAME IN FULL _____
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 Federated Garden Clubs of CT, Inc. Scholarship Chair. Application form must be typed. *Application deadline: Must be received by Federated Garden Clubs of CT, Inc. Scholarship Chair on or before July 1st.*

Carole Fromer, Scholarship Chair
123 Southpond Road
South Glastonbury, CT 06073
Telephone: 860-659-5839
email: scholarships@ctgardenclubs.org



The Federated Garden Clubs of Connecticut, Inc.
P.O. Box 902, Wallingford, CT 06492

AWARDS FINANCIAL AID FORM

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, Inc. 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 upcoming 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:

PROJECTED EXPENDITURES

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

Total Funds Available

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