



MEN'S & WOMEN'S
GARDEN CLUB
OF MINNEAPOLIS

Scholarship Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone Number: _____ Email Address: _____

High School Attended: _____ Graduation Date: _____

College or University: _____ Cumulative GPA: _____

Horticultural Area Of Study: _____

Year in School: _____ Expected Graduation Date: _____

Name and address of your school's financial aid officer where scholarship awards are sent. (Item 4)

Please answer the following questions on a separate page or pages and mail them along with this application and the two letters of reference.

1. Describe your educational and career goals.
2. Describe the horticultural program in which you are enrolled or accepted.
3. Describe your personal horticultural experiences and related group involvements.
4. Explain why you wish to pursue a career in horticulture or related areas.

Signature: _____ Date: _____