

SCHOLARSHIP APPLICATION – YEAR 2024-2025

The Garden Club of Indiana, Inc.



Full Name _____

Date of Birth (Month/Year) _____ Female _____ Male _____

Home (Legal/Permanent Address): _____

(Your address at the end of semester is necessary to send notification and required information/forms)

City _____ State _____ Zip _____ Phone _____

Email _____ Cell phone _____

College/School/University _____

Department Enrolled _____

Major _____ Minor _____

CURRENT GRADE LEVEL AT TIME OF APPLICATION:

Sophomore	_____	Fifth Year Landscape Architect	_____
Junior	_____	Graduate Student	_____
Senior	_____	First Semester Tech/Vocational Student	_____

CURRENT CUMULATIVE GRADE POINT AVERAGE _____

College(s)/School(s)/University Previously Attended _____

Dates _____ Previous Semester GPA _____

When do you expect to graduate? _____ Degree _____

Occupational Objective after Graduation _____

Name of Financial Aid Officer _____

Address _____

Telephone _____ Email _____

STUDENT'S SIGNATURE _____ Date _____

SUBMIT THIS FORM WITH THE OTHER REQUIRED ITEMS TO: DAVID A. ZAHRT, TGCI SCHOLARSHIP CHAIRMAN/
1401 E. 100 N/WINAMAC IN 46996-8604/ Email scholarshiptgci@gmail.com

DEADLINE: RECEIVED BY FEBRUARY 1