

Garden Clubs of Illinois, Inc.
SCHOLARSHIP APPLICATION FORM

Full Name _____

Date of Birth (Month/Year) _____ Female ___ Male ___ Marital Status _____

Home (Legal/Non-school) Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ Cell Phone _____

Illinois 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 GPA _____

When do you expect to graduate? _____ Degree _____

Occupational Objective after Graduation _____

Name of Financial Aid Officer _____

Address _____

Phone _____ E-Mail _____

STUDENTS SIGNATURE _____ **Date** _____

SUBMIT THIS FORM WITH THE OTHER REQUIRED ITEMS TO THE GCI SCHOLARSHIP CHAIRMAN

DEADLINE: Received by March 15

Mail all forms to: Nancy Burke
1274 Thorndale
Lake Zurich, IL
60047-2795