

Garden Clubs of Illinois, Inc.

SCHOLARSHIP APPLICATION FORM

Full Name _____

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

Home (Legal) Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ Cell Phone _____

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 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: Diane Freeman

3001 Cherry Ln

Northbrook, IL 60062-4313

e-mail: ddf@ameritech.net

Telephone: (847) 564-1777 or (847) 204-8426

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