



WISTERIA GARDEN CLUB SCHOLARSHIP APPLICATION

Name: First _____ Middle _____ Last _____
Preferred Name _____

E-mail: _____

Address: Street _____
City _____ State _____ Zip _____

Phone: (_____) _____

Date of birth: Month _____ Day _____ Year _____

Name(s) and Address(es) of Parent(s)/Legal Guardian(s):

EDUCATION

High School

Name: _____ Dates Attended: _____

Address: _____

Graduation Date: _____ GPA: _____

List Honors/Awards/Leadership/Club Membership/Activities:



EDUCATION

College

Name: _____

Address: _____

Beginning Date of Attendance: _____ Projected Graduation Date: _____

Major/Minor: _____

GPA (if currently enrolled): _____

List Honors/Awards/Leadership/Club Membership/Activities (if currently enrolled):

EMPLOYMENT/VOLUNTEER EXPERIENCE

Company/Organization: _____

Dates of Employment/Volunteer Activities: _____ to _____

Responsibilities/Service Work:

Company/Organization: _____

Dates of Employment/Volunteer Activities: _____ to _____

Responsibilities/Service Work:



EMPLOYMENT/VOLUNTEER EXPERIENCE CONTINUED...

Company/Organization: _____

Dates of Employment/Volunteer Activities: _____ to _____

Responsibilities/Service Work:

Company/Organization: _____

Dates of Employment/Volunteer Activities: _____ to _____

Responsibilities/Service Work:

Describe your community service activities, hobbies, extracurricular activities, and other interests:

What are the most important skills that you have developed through your academic, employment, volunteer, community service, hobbies, and other activities described above:



Describe your educational and career objectives as they relate to your major. Include your plans or goals after graduation:

Explain why you believe you are a good candidate for the Wisteria Garden Club Scholarship.

PERSONAL REFERENCES

Two letters of recommendation are required. References may not be related to you. Letters of recommendation must be e-mailed to Wisteria Garden Club.

First Reference Name: _____

Position/Title: _____

Association with applicant: _____

E-mail address: _____ Phone: (_____) _____

Second Reference Name: _____

Position/Title: _____

Association with applicant: _____

E-mail address: _____ Phone: (_____) _____

CURRENT ACADEMIC TRANSCRIPT

Applicant must provide a current academic transcript with this application.



ADDITIONAL PAGES MAY BE USED AS NEEDED FOR ANY PART OF THIS APPLICATION

Scholarship Information

1. The Wisteria Garden Club will award up to two tuition scholarships of \$2,500 each for the upcoming academic year to qualified applicants selected by the Wisteria Garden Club scholarship committee.
2. APPLICATION DEADLINE is **April 15**. Applications received after this date will not be considered.
3. All applications must be submitted by e-mail to Wisteria@wisteriagardenclub.com.
4. The Wisteria Garden Club reserves the right to determine the eligibility and selection of scholarship recipients at its sole discretion. The Club is not obligated to award any scholarships in a given year and may choose not to grant an award if it determines that no applicants meet the qualifications or standards determined by the scholarship committee. The decision of the Wisteria Garden Club regarding scholarship awards is final.

Eligibility Rules

1. Applicant must be enrolled as a full-time college student (minimum of 12 credit hours) for the upcoming fall semester.
2. Applicant's major must be in horticulture, nursery science, greenhouse science, landscape architecture, landscape design, floral design, forestry, or other horticultural field.
3. Recipients of the Wisteria Garden Club scholarships are selected on the basis of academic performance, leadership, and a demonstrated interest in pursuing an education and career in a horticulture related field.

Certification of Accuracy and Authorization

I hereby certify that all the information provided in this scholarship application is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information may result in the disqualification of my application or revocation of any scholarship award.

I authorize Wisteria Garden Club to verify any information provided in this application, including but not limited to academic records and references. I also grant permission for the release of my name, photograph, and relevant details if selected as a scholarship recipient.

I acknowledge that the decision of the Wisteria Garden Club regarding scholarship awards is final. I agree to abide by all rules and requirements of this scholarship program.

Applicant's Signature: _____

Date: _____

Printed Name: _____