

**Alaska Garden Club
SCHOLARSHIP APPLICATION FORM**

Full Name _____

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

Home (Legal) Address _____

City _____ State ___ Zip _____ Phone _____

Email _____ 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 _____ Email _____

STUDENT'S SIGNATURE _____ Date _____

SUBMIT THIS FORM WITH THE OTHER REQUIRED ITEMS TO THE STATE SCHOLARSHIP CHAIRMAN:

Laura Fenoseff, (907) 854-4372

lfenoseff@hotmail.com

14543 Terrace Ln, Eagle River, AK 99577