
**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 SCHOLARSHIP CHAIRMAN OF YOUR STATE

Ruthe Rasmussen 907-830-9409

snowedin@alaska.net

6336 Citadel Lane, Anchorage, Ak 99504

Garden Club Sponsor
