

PIONEER DISTRICT GARDEN CLUBS, INC

SCHOLARSHIP APPLICATION

Application may be hand printed, typed, or computer-generated.
(Reverse side may be used.)

Name in Full _____

Home (legal) address _____

City _____ County _____ State _____ Zip _____

Telephone _____ Cell _____

Social Security Number _____ Date of Birth _____

Female ___ Male ___ Marital status _____ #of Children _____

School-year Address _____

City _____ State _____ Zip _____ Telephone _____

Cell _____ Email _____

High school, College or University in which enrolled _____

Department in which enrolled _____

Major _____ Minor _____

Present Status:

Community College: _____ College/University _____

Current Cumulative Grade Point Average _____

College or Universities previously attended _____

Dates _____ Previous GPA _____

When do you expect to graduate? _____ Degree _____

Occupational objective after graduation _____

Name off Financial Aid Officer _____

Address _____

City _____ State _____ Zip _____ Telephone _____