

TEXAS GARDEN CLUBS, INC.

APPLICATION FORM FOR SCHOLARSHIP

(Application must be typed or computer generated)

Full Name _____
Male ___ Female ___ Single ___ Married ___ Other ___
Number of children _____
Permanent Address _____
Phone _____ Cell _____
Email _____
Applicant's School Address _____

College /University _____
Address _____
Department Enrolled _____
Major _____
Minor _____
Number of hours to date _____ Cumulative GPA _____
Expected Graduation Date _____
Occupational Objective after Graduation:

Name of Financial Aid Officer _____
Phone _____ Email _____
Address _____

Name of employer and position held or if self-employed, name of business

TGC VP Scholarships - Freda Martin, Chairman
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