



*The Garden Club of Georgia, Inc.*

**APPLICATION FOR THE GARDEN CLUB OF GEORGIA, INC. SCHOLARSHIPS**

Please type or print: \_\_\_\_\_ Date: \_\_\_\_\_

Name in Full \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

Georgia Resident for past four years (yes or no): \_\_\_\_\_

School Address \_\_\_\_\_ School Telephone No: \_\_\_\_\_

Present Status: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate Student \_\_\_\_\_

Major Subject: \_\_\_\_\_ Cum. GPA \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_ Is official copy of most recent transcript enclosed? \_\_\_\_\_  
(Month & Year)

How many hours per semester will you take? \_\_\_\_\_

Occupational objective after graduation: \_\_\_\_\_

Extracurricular Activities List included? \_\_\_\_\_ Names of three References? \_\_\_\_\_ Applicant's Statement? \_\_\_\_\_

List Scholarships, prizes and awards received (give dates and amounts):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to further finance your college education?

Work \_\_\_\_\_ Borrow \_\_\_\_\_ Family Aid \_\_\_\_\_ Other \_\_\_\_\_

Is Financial Aid Form enclosed? \_\_\_\_\_

Would you accept a Work Scholarship for designated number of hours at a public botanical garden? \_\_\_\_\_

If "yes" check preference of one: Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_

**APPLICATION DUE: MARCH 1**



## *The Garden Club of Georgia, Inc.*

### SCHOLARSHIP GRANTS ADMINISTERED BY THE GARDEN CLUB OF GEORGIA, INC.

**PURPOSE:** To provide financial aid to qualified Georgia college students majoring in any garden-related subject in an accredited college or university in Georgia.

**FUNDS:** Proceeds derived from sales of “*Pathways/Georgia’s Pride*” Engagement Calendar, invested interest income, and other donations as available annually continue to provide funding for scholarship grants.

**GRANTS:** The scholarship is an annual grant for the full school year and is dispersed to the designated schools by July 15. Funds are to be dispersed to scholarship recipients with one-half paid per semester beginning in the fall. Work scholarships are awarded to students for a designated number of hours to be worked at a public botanical garden.

Students are eligible to reapply for a scholarship grant as long as academic standing is maintained and need is still apparent.

In the event of a change in major to other than garden-related, or if the student drops out of school or moves out of the state, the balance of the funds are to be returned to The Garden Club of Georgia, Inc.

\$5,000—Hubert B. Owens Scholarship  
\$3,500—Founders Memorial Scholarship  
TBA—The Garden Club of Georgia, Inc. Work Scholarship  
TBA—Brown Thrasher Scholarship  
TBA—Cherokee Rose Scholarship

**JUDGING:** The selection of scholarship winners is made by the Scholarship Committee of The Garden Club of Georgia, Inc. and is based on the following criteria:

Academic Record (40%)	Transcript of grades is required. <i>Emphasis</i> is placed on Strength of courses related to student’s major in horticulture or allied field.
Applicant’s Letter (25%)	Discussion of background, goals, personal commitment to chosen career, financial need. Limited to two (2) typewritten pages.
Financial Need (20%)	Signatures of Financial Aid Officer and student are required on Financial Aid Form, which must be fully completed.
Listing of Honors, Extra Curricular Activities, Work Experience (10%)	This information should be supplied on a separate sheet of paper, and not listed within the body of applicant’s letter.
Recommendations (5%)	Three (3) required letters of recommendation. (Limited to one (1) typewritten page.)



## *The Garden Club of Georgia, Inc.*

### **GUIDELINES FOR ADMINISTERING THE GARDEN CLUB OF GEORGIA, INC. SCHOLARSHIP GRANTS**

#### *Scholarship Policy of The Garden Club of Georgia, Inc.*

1. All profits derived from sales of the Georgia Engagement Calendar, *Expressions*, continue to provide academic scholarships to qualified Georgia college students majoring in any garden-related subject in an accredited college or university in Georgia. Work Scholarships are also awarded to students for a designated number of hours to be worked at a public botanical garden.

Judging of recipients for the scholarships is based on academic record, applicant's letter listing of honors/extra-curricular activities/work experience, financial need and recommendations. The scholarship Committee of The Garden Club of Georgia, Inc. makes the selection of scholarship winners.

2. Applicants must be majoring in Horticulture, Floriculture, Landscape Design, Conservation, Forestry, Botany, Agronomy, Plant Pathology, Environmental Control, City Planning, Land Management and/or allied subjects. (See separate Guidelines and Application Forms for the Cherokee Rose Scholarship.)
3. The money to cover the scholarship grants will be sent to the designated schools no later than July 15. (To the Banking and Trust Department of the University of Georgia for dispersal to the University recipients.)

The academic scholarship is an annual grant for the full school year. Funds should be dispersed as follows: One-half of the amount is paid per semester.

4. In the event of a change in major other than the above, or if the student drops out of school or moves out of the state, the balance of the funds are to be returned to The Garden Club of Georgia, Inc., 2450 South Milledge Avenue, Athens, GA 30602-5817. (Phone: 706/227-5369)
5. Applicant must have been a resident of Georgia for the past four years and must be enrolled at an accredited college or university in Georgia.



## *The Garden Club of Georgia, Inc.*

**APPLICANTS:** Scholarships are available to students who have been a resident of Georgia for the past four years.

Recipients must be full-time students majoring in Horticulture, Floriculture, Landscape Design, Conservation, Forestry, Botany, Agronomy, Plant Pathology, Environmental Control, City Planning, Land Management and/or allied subjects at an accredited college or university in Georgia.

An exception is the *Cherokee Rose Scholarship* which is available only to a full-time graduate student, resident of Georgia for the past four years, majoring in programs of Historic Preservation, Decorative Arts, or Historic Architecture at an accredited college or university in Georgia.

**APPLICATIONS:** Scholarship applications must be typed to be considered and must include:

1. Official transcript of academic record, which includes the latest grading period, including minimum overall averages.
2. **Completed** Financial Aid Form. Signatures of Financial Aid Officer and Student are required.
3. A 2"x3" black and white photograph (publicity purposes only).
4. Names of three (3) references as indicated on form. Supporting letters must be sent directly to Scholarship Committee.
5. Extracurricular Activities List as indicated on form.
6. Applicant's written statement discussing goals, background, and reason for scholarship application.

**DEADLINE: MARCH 1.** Completed application must be sent to the Scholarship Committee on or before the deadline. Send all requested application materials to:

**The Garden Club of Georgia, Inc.**  
**2450 South Milledge Avenue**  
**Athens, GA 30602-5817**



## *The Garden Club of Georgia, Inc.*

### SOURCE OF REFERENCES:

DATE: \_\_\_\_\_

List names of three (3) references (NO MORE THAN TWO FROM THE SCHOOL) who will send letters of recommendation directly to the Scholarship Committee. *References from family members cannot be accepted.*

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position/Relationship: \_\_\_\_\_

Letters must be received by the Scholarship Committee on or before **DEADLINE MARCH 1.**  
Send to:

**Scholarship Committee**  
**The Garden Club of Georgia, Inc.**  
**2450 South Milledge Avenue**  
**Athens, GA 30602-5817**

\_\_\_\_\_  
Student's Signature



## The Garden Club of Georgia, Inc.

### FINANCIAL AID FORM

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This form must be completed by the Financial Aid Officer of the College or university involved and by the student, and must be signed by both of those individuals.

This information will be held in strictest confidence. It will be made available only to appropriate officials of the college/university and to the members of The Garden Club of Georgia, Inc. (GCG) Scholarship Committee. Since actual financial need is one of the determining factors in the awarding of scholastics, it is necessary that *all* of the requested information be supplied.

Use the following form to show all anticipated sources of funds, including scholarships other than anticipated one from GCG, assistantships, educational insurance policies, etc., as well as all projected costs involved for attending college in the school year. It is not a requirement that projected resources and expenditures must balance.

#### RESOURCES

\_\_\_\_\_ From parent or relative  
 \_\_\_\_\_ From personal savings  
 \_\_\_\_\_ Educational insurance policies  
 \_\_\_\_\_ School-year earnings  
 \_\_\_\_\_ Grants/scholarships  
 \_\_\_\_\_ Loans  
 \_\_\_\_\_ Other:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **Total Funds Available**

#### EXPENDITURES

\_\_\_\_\_ Tuition and fees  
 \_\_\_\_\_ Housing  
 \_\_\_\_\_ Board  
 \_\_\_\_\_ Books/supplies  
 \_\_\_\_\_ Clothing/laundry  
 \_\_\_\_\_ Transportation  
 \_\_\_\_\_ Other:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **Total Expenses**

**THIS WILL AUTHORIZE THE RELEASE OF MY FINANCIAL NEED FORM** to Scholarship Committee, The Garden Club of Georgia, Inc., 2450 South Milledge Avenue, Athens, GA 30602-5817

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### FINANCIAL AID OFFICER:

Is this student eligible for receiving financial aid at your institution?

Grants/Scholarships: YES \_\_\_\_\_ NO \_\_\_\_\_

Student Loans: YES \_\_\_\_\_ NO \_\_\_\_\_

Has this student applied for financial aid at your institution? YES \_\_\_\_\_ NO \_\_\_\_\_

DATE \_\_\_\_\_

FINANCIAL AID OFFICER'S SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE \_\_\_\_\_