

TENNESSEE FEDERATION OF GARDEN CLUBS, INC.

SCHOLARSHIP APPLICATION FORM—2025-2027

Name: _____

Date of Birth (Month/Year): _____

Female: _____ Male: _____ Marital Status: _____

Home (Legal Address): _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____ College/University: _____

Dept. in Which Enrolled: _____ Major: _____ Minor: _____

CURRENT GRADE LEVEL AT TIME OF APPLICATION (Circle One):

Sophomore Junior Senior Fifth Year Landscape Architect Graduate

CURRENT CUMULATIVE GRADE POINT AVERAGE: _____

Colleges Attended: _____

Dates: _____ Previous GPA: _____

When Do You Expect to Graduate? _____ Degree: _____

Occupational Objective After Graduation: _____

Financial Aid Officer/Representative: _____ Phone: _____

Address: _____ Email: _____

STUDENT'S SIGNATURE: _____ Date: _____

Submit this form with the additional required documents to the TFGC Scholarship Chair.

DEADLINE: Must be received by the chair by December 1.