

San Clemente Garden Club
Continuing College Students Scholarship
APPLICATION

Full Name _____

Date of Birth (Month/Year) _____ Female _____ Male _____ Marital Status _____

Home/Permanent Address _____

City _____ State _____ Zip _____ Phone _____

Home/School Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Cell Phone _____

High School Name/Graduated _____

Current # of College Units Completed at time of Application _____

Current Cumulative College GPA _____

College(s) Previously Attended _____

Dates _____ Previous GPA _____

When do you expect to Complete AA or Certificate Program? _____

Name of Program _____

Will you pursue a 4-year degree? _____

Occupational Objective _____

STUDENT'S SIGNATURE _____ Date _____

*SUBMIT THIS FORM WITH THE OTHER REQUIRED APPLICATION ITEMS TO THE SCGC SCHOLARSHIP COMMITTEE BY THE **DEADLINE: MARCH 1, 2017 (POSTMARKED DATE)***

