

**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 \_\_\_\_\_

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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: February 13, 2018 (POSTMARKED DATE)*

