

FEDERATED GARDEN CLUBS OF MARYLAND, INC.  
NGC SCHOLARSHIP APPLICATION

May be filled online, saved and sent to [scholarships@fgcofmd.org](mailto:scholarships@fgcofmd.org)

Academic year: \_\_\_\_\_

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

Date of Birth (Month/Year) \_\_\_\_\_

Home(Legal/Permanent) Address: \_\_\_\_\_  
(your address at end of semester is necessary to send notification and required information/ forms)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

College/University \_\_\_\_\_

Department Enrolled \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

**CURRENT GRADE LEVEL AT TIME OF APPLICATION :**

Sophomore \_\_\_\_\_ Fifth Year Landscape Architect \_\_\_\_\_

Junior \_\_\_\_\_ Graduate Student \_\_\_\_\_

Senior \_\_\_\_\_

CURRENT CUMULATIVE GRADE POINT AVERAGE \_\_\_\_\_

College(s) Previously Attended \_\_\_\_\_

Dates \_\_\_\_\_ Previous Semester GPA \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_ Degree \_\_\_\_\_

Occupational Objective After Graduation \_\_\_\_\_

Name of Financial Aid Office \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**STUDENT'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

SUBMIT THIS FORM ELECTRONICALLY WITH THE OTHER REQUIRED ITEMS TO [scholarships@fgcofmd.org](mailto:scholarships@fgcofmd.org).  
HARD COPIES ARE MAILED TO SCHOLARSHIP CHAIRMAN, ADDRESS TO BE PROVIDED.

**DEADLINE: Received by February 1<sup>st</sup>**