



Garden Clubs of Illinois, Inc.
SCHOLARSHIP APPLICATION FORM



Full Name _____

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

Home (Legal) Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ 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 GPA _____

When do you expect to graduate? _____ Degree _____

Occupational Objective after Graduation _____

Name of College Financial Officer _____

Address _____

Phone _____ E-Mail _____

STUDENTS SIGNATURE _____ **Date** _____

SUBMIT THIS FORM WITH THE OTHER REQUIRED ITEMS TO THE GCI SCHOLARSHIP CHAIRMAN

DEADLINE: March 15, 2019

Mail all forms to: Susan Slapke
10 Walnut Lane
South Barrington, Illinois 60010-9546
Attention: Scholarship Chairman

e-mail: smslapke@comcast.net

Telephone: (847) 382-3708 or (847) 560-3708