

RHODE ISLAND FEDERATION OF GARDEN CLUBS, INC. LIFE MEMBER GROUP

APPLICATION FOR SCHOLARSHIP

(Please complete in typewritten format)

Date of Application _____

Name: _____
(First) (Middle Initial) (Last)

Current Mailing address:

Street/PO Box City State Zip

Permanent Address (if different from above):

Street/PO Box City State Zip

Phone: _____ E-Mail: _____

Date of Birth(m/d/y): _____

College/University Attending: _____

Estimated Annual Costs (Tuition/Room & Board/Other/total):

Major Field of Study: _____

Please provide a separate list of the following information:

- Scholarships, Honors, awards, special recognition, etc. received since entering college.
- Interests and employment outside of school.
- Extracurricular activities.

Other Pertinent Information you think would be of interest to the Scholarship Committee:

Submitted By: _____
Applicant's Signature