

**OSTERVILLE GARDEN CLUB  
Scholarship Application**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Date of birth \_\_\_\_\_

H.S. Name \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Class Rank \_\_\_\_/\_\_\_\_ Weighted GPA \_\_\_\_/\_\_\_\_ SAT: Reading \_\_\_\_ Math \_\_\_\_ Writing \_\_\_\_

What are your plans after college: \_\_\_\_\_

How do the criteria of this scholarship match your background? (*demonstrated an interest in horticulture, landscape design, or environmental studies, including ecology, biology, botany, and marine science*)

Names of colleges to which you have applied:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Names of colleges which have accepted you as of this date:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Please indicate your first three college choices and costs.

1. \_\_\_\_\_ Total cost: \_\_\_\_\_

2. \_\_\_\_\_ Total cost: \_\_\_\_\_

3. \_\_\_\_\_ Total cost: \_\_\_\_\_

What other sources of money can you count on for this school year? Do not include loans.

• Estimated parental contribution \$ \_\_\_\_\_

• Estimated student contribution (savings and earnings) \$ \_\_\_\_\_

• Other known financial aid (grants/awards/scholarships) \$ \_\_\_\_\_

• Total anticipated sources \$ \_\_\_\_\_

• Total anticipated financial need \$ \_\_\_\_\_

Have you filed a Financial Aid Form (Profile and/or FAFSA) with the CSS: Yes \_\_\_\_ No \_\_\_\_

Do you own a car? Yes \_\_\_\_ No \_\_\_\_ Will you commute to college? Yes \_\_\_\_ No \_\_\_\_

(continue on page 2)

Father's Name: \_\_\_\_\_ Guardian's Name: \_\_\_\_\_

Indicate which names: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Guardian's Name: \_\_\_\_\_

Indicate which Names: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Total number of dependents in family including self and parents: \_\_\_\_\_

Total amount of money student owes to persons or organizations: \$ \_\_\_\_\_

List family members attending college full time:

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

Fully list all school & community sports, activities, honors, prizes, offices held & grade(attach separate sheet if necessary):

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

Work Experience:

Employer: _____	Dates worked from / to _____	Earnings: \$ _____
Employer: _____	Dates worked from / to _____	Earnings: \$ _____
Employer: _____	Dates worked from /to _____	Earnings: \$ _____
Employer: _____	Dates worked from / to _____	Earnings: \$ _____

**IMPORTANT!!!** Please state why you are applying for financial aid in order to assist us in making the award decisions.  
**BE AS SPECIFIC AS POSSIBLE. Use an additional sheet if needed.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that the above information is correct and that I wish to be considered for a scholarship to help fund post graduate education expenses, DEADLINE TO SUBMIT THIS APPLICATION: **APRIL 1.**

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_