The Garden Club of Manchester Vermont P.O. Box 788 Manchester Center, VT 05255



Scholarship Application 2024

Scholarship Amount: \$3,000 Application Deadline: May 6, 2024

Name:					
First		Middle	!		Last
Home Address:					
(legal/permanent)	Address		City	State	Zip
Email:		Date of Bir	th:		
Current School:			Contact Pe	rson:	
Guardian Name:					
Guardian Address:					
Guardian Email:					
Educational institution to b	pe attended:				
Year you expect to graduat	te:	School	website:		
Curriculum to be pursued:					
Share why you feel you de	serve this scholarsh	nip:			
Have you applied for other	scholarships?	Yes	No		
If yes, explain in detail whi	ch scholarships hav	e heen re	nuested and	if you have bee	n awarded anv:

Are you	ı employed?	Yes	No	Name of employer:	Name of employer:		
State n	ames of prior er	nployers a	ind perio	ds of employment:			
Extracu	ırricular activitie	es:					
School	clubs/organizati	ons:					
Person	al references (r	not relativ	es):				
Name:				Email Address:			
Name:				Email Address:			
With y	our application,	please su	bmit the	following:			
2.		recomme		want to pursue your education furth rom your personal references	er and your career goals.		
Applica	nt Signature: _				Date:		
To be co	ompleted by app	olicant's g	uardian:				
is apply	ing for a schola	rship in th	e amount	application and hereby confirm that t of \$3,000 from the Garden Club of I 			
Guardia	an Signature:				Date:		

Please Note: This scholarship will be released to the awardee after they successfully complete their first semester. They will need to be enrolled full-time and submit their first semester transcripts and proof of enrollment in their 2nd semester.

Submit completed application via mail or email to:

Carolyn Brogan GCM Scholarship Committee Chairperson PO Box 92 Manchester, VT 05254 carolynbrogran13@gmail.com