

Garden Center Symposium

Scholarship Application Form

Name: _____

Address: _____ City: _____

State: _____ ZIP: _____

Phone: _____

Your email address: _____

Academic:

High School Attended: _____

College Attended: _____ Credits: _____

College Attended: _____ Credits: _____

College Attended: _____ Credits: _____

School Attended in fall: _____

Intended Course of study: _____

Work Experience:

Employer: _____ Date of Employment: _____

Job Description: _____

Employer: _____ Date of Employment: _____

Job Description: _____

25 words About You: _____

Please send the form to:

SCHOLARSHIP COMMITTEE

19305 W. NATIONAL AVE.

NEW BERLIN, WI 53146

Be Sure to include three letters of recommendation, college manuscripts and required essay along with this application form.