

THE HERB GUILD GARDEN CLUB

SCHOLARSHIP PROGRAM

Official Application Form

School currently attending_____

Name_____Telephone_____

Street Address_____

City, State, Zip Code_____

Planned Major Field of Study (in college)_____

Planned Minor Field of Study (in college)_____

Honors and Awards_____

Organizations/Memberships_____

Offices Held (include year)_____

Accomplishments_____

Outside Activities_____

College you are planning to attend_____

References (other than school)

Name and Position_____

Address_____

Phone_____

Name and Position_____

Address_____

Phone_____

Signature of Applicant_____

Please submit two (2) copies of this application (photocopies accepted), letters of recommendation from two of your current instructors, and a grade transcript to:

Karol Polkinghorn, 3677 Lexington Court, Westlake, Ohio 44145

Questions? Call: 1-440-554-7755

Deadline: April 5, 2023

ATTENDANCE AT OUR SCHOLARSHIP LUNCHEON IS MANDATORY. THE LUNCHEON IS AUGUST 2, 2023.

