

National Garden Clubs, Inc.
South Atlantic Region
The Corrie Whitlock Memorial SAR Scholarship Application

Name in Full _____

Student ID Number _____ Date of Birth _____

Age _____ Female _____ Male _____

Complete Mailing Address _____

Phone # _____ Email _____

Parents or Guardian _____

Address _____

Relationship (If other than parents) _____

No. Brothers/sisters in School _____ In College _____

College/University where Enrolled _____ Grade Point Average _____
(Include grade transcript)

Major Subject _____ GPA in Major _____

Extra-curricular Activities _____

Community Activities _____

Other Financial Assistance received _____

Name & address of College/University Financial Aid Officer: _____

Three letters of recommendation must be included, including one from a professor in applicant's major.

Signed Letter from applicant, discussing background, goals, financial need and personal commitment.

Signature, State Garden Club Scholarship Chairman _____

Signature, State Garden Club Federation President _____

Date Submitted _____