

Leesburg Garden Club – 1 @ \$1,000

- Criteria: A senior graduating during the year of selection from a Loudoun County high school, Academy of Science, Douglass School, Academy of Science or C.S. Monroe Technology Center
Applicant must be pursuing a degree in Environmental Biology, Horticulture, Environmental Studies, Conservation or related area of study
Financial need (FAFSA or SAR required)
Applicants must submit a **minimum of one page, double-spaced letter** expressing dedication to the degree pursued
One recommendation required
Applicants must have at least a 2.9 GPA
Transcript is required
- Selection: Leesburg Garden Club Executive Committee and Committee Chairman will select recipient
- Deadline: **Postmarked by April 4, 2018 – please mail applications and information directly to:**

Leesburg Garden Club
c/o Susan H. Rogers
15555 Second Street, P.O. Box 346
Waterford, VA 20197

LEESBURG GARDEN CLUB
APPLICATION FORM

****Please complete in blue or black ink or type. Additional pages may be attached. A transcript is available from your School Counseling Office and must be attached to this application.**

Applicant's Full Name _____

Date of Birth _____ Phone _____

Parent(s) or Guardian(s) _____

Address _____

Accepted by (colleges or universities) _____

(To be filled in by counselor): GPA _____

Scholastic Honors _____

Extra-curricular Activities (include number of years and offices held) _____

Community Activities (include number of years and offices held) _____

Please provide a one page, double spaced letter expressing dedication to the degree pursued.

FINANCIAL STATEMENT

I. Student Employment (Includes full or part-time during the last two years):

Employer	Type of Work	Employed From To	Weekly Earnings

Amount you have saved toward higher education _____

II. Family Income

	Occupation	Annual Income
Father	_____	_____
Mother	_____	_____
*Other	_____	_____
Total Family Income		_____

*Specify by source, such as Social Security, Veteran's benefits, income of other family members, or investment income.

Copy of FAFSA (Free Application for Federal Student Aid) or SAR (Student Aid Report) must be submitted with this application.

III. Estimated Expenses for one school year:

Tuition & Fees _____	Transportation _____
Room & Board _____	Clothing _____
Books & Supplies _____	Laundry _____
Medical, incl. Insurance _____	Other _____
Total Estimated Expenses _____	

IV. Expected Financial Resources (per year):

From Family _____	From Other Scholarships _____
From Earnings _____	From Contributions _____
*From other Sources _____	
Total Expected Resources _____	

*Specify by source, such as trust funds, insurance, etc.

V. Other Dependents in Family

Name	Age	If student, name of school
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We declare the information in this application and financial statement to be true and accurate, to the best of my/our knowledge.

Signature of Student

Signature of Parent(s) or Guardian(s)

I authorize the release of transcript to the Scholarship Committee so that he/she may be considered for this scholarship.

Signature of Student

Date

Signature of Parent if student is
under 18 years of age

Date