



Florida Federation of Garden Clubs, Inc.

Charter Member of National Garden Clubs, Inc.

Headquarters: 1400 S. Denning Drive, Winter Park, Florida 32789-5662

Telephone: (407) 647-7016, FAX: (407) 647-5479

Dear FFGC Scholarship Applicant:

Thank you for your interest in a Florida Federation of Garden Clubs, Inc. scholarship. Please note that in order to be eligible for an award, you must be a USA citizen, a Florida resident, and be enrolled fulltime in a Florida college. The FFGC scholarship committee makes all decisions concerning scholarship recipients and amounts awarded. Unless noted, scholarships are for the fall and spring semesters only.

Completed applications and documentation must be received between March 1 and May 1. Provide only what is requested. Make sure that your name is at the top of each sheet and sheets are not stapled together. Selection is based on: 1) academic record (must have 3.0 or higher GPA on a 4.0 scale); 2) financial need; 3) commitment to career; 4) character. Every effort will be made to notify each applicant of results by June 30. Funds will be sent directly to the financial office of the college you have listed in your application. Funds for the fall semester are sent mid-August, and funds for the second semester are sent upon receipt of documentation of continued enrollment as a fulltime student with a GPA of 3.0 or higher.

Application must include:

- _____ 1. Completed application form, including your mailing address and address of college office of financial affairs (check will be sent to college address).
- _____ 2. Completed "Statement of Financial Need" form with required signatures.
- _____ 3. Transcript of high school/college subject and grades.
- _____ 4. A personal letter from you discussing background, goals, commitment to career, financial need.
- _____ 5. An interview with a president or president's representative of an FFGC garden club and a letter of recommendation from same.
Interviewer's name _____ Date of interview _____
Name of recommending garden club: _____
- _____ 6. Letters of recommendation from two instructors/professors in your school/college.
 - a. Name _____ Date of request _____
 - b. Name _____ Date of request _____
- _____ 7. Letter of recommendation from a civic or religious leader in your community or hometown.
Name _____ Date of request _____
- _____ 8. List of honors, extracurricular activities, work experiences, volunteering, military service, etc.
- _____ 9. Photograph: 3x5 glossy, head and shoulders of you, alone, clear and suitable to be copied for publication in FFGC magazine and website; cannot be professional copyright.
- _____ 10. For high school scholarship applicants only: If you are now a member or were a member of a youth garden club, please have garden club youth leader send letter of recommendation. Preference is given to students who have participated in FFGC youth programs or have attended Wekiva and/or SEEK.

Completed application and all letters of recommendation must be received no later than May 1. Send to:

Carole Martin, FFGC Scholarship Chairman

2034 Kildare Circle

Niceville, FL 32578

(850) 678-8171; (850) 803-1184

E-Mail : jhmcwm@cox.net

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College Scholarship Application: High School Senior

A scholarship to attend a Florida college or university is offered to a high school senior who is a Florida resident and USA citizen. Student must plan to major in ecology, horticulture, landscape design or architecture, conservation, botany, forestry, marine biology, city planning, public sanitation, or a related field. Applicant must have a "B" average (3.0) or better, and be enrolled as a full time student. **Completed applications are due between March 1 and May 1.**

Name in full _____ Home phone _____

Home address _____ City _____ Zip _____

E-mail _____ Cell phone _____

Age _____ Gender _____ Are you a Florida resident? _____ Are you a USA citizen? _____

Date of high school graduation _____ Scholastic average last two years _____

Parent/guardian/emergency contact _____ Address _____

Home phone _____ Cell phone _____ E-mail _____

College/University of Enrollment _____ Student ID number _____

Address of financial office _____ City _____ Zip _____

Intended major _____ Intended minor _____ How do you plan to finance your college education? Work _____ Loans _____ Family support _____ Other _____

Occupational objectives after college graduation _____

Did you attend any garden club sponsored programs? Camp Wekiva _____ SEEK _____ Youth gardener _____

How long were you involved? _____ Leader's name _____

Sponsoring garden club and town _____

Signature of garden club interviewer _____



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College Scholarship Application for Sophomore, Junior, Senior, Graduate Student

Scholarships are offered to sophomore, junior, senior, or graduate students who are Florida residents, citizens of the USA, and attending a Florida college or university. Applicant must be enrolled full time and have a "B" average (3.0) or better. Major course of study should be in the following areas: Agriculture, biology, botany, city planning, conservation, ecology, forestry, horticulture, landscape design/architecture, or related field.

Completed application and all required documents are due between March 1 and May 1.

Name in full _____ Home phone _____

Home address _____ City _____ Zip _____

College residence address _____ Cell phone _____

Home E-mail _____ E-mail at school _____

Age _____ Gender _____ Marital Status _____ # Children _____

Are you a Florida Resident? _____ Years Resided in Florida _____ Are you a USA citizen? _____

Emergency contact _____ Relationship: _____

Phone (home) _____ Phone (cell) _____ E-mail _____

College/University of Enrollment _____ Student identification number _____

Address of Financial Office _____ City _____ Zip _____

Department in which you are enrolled _____ Major _____ Minor _____

Status for coming year (sophomore, junior, senior, graduate student) _____

Last two schools attended _____

Credit hours completed at time of application _____ Expected graduation date _____ Academic GPA _____

Degree upon graduation _____ Occupational objectives after graduation _____

Prior awards from FFGC, Deep South Region, and National Garden Clubs _____

Sponsoring garden club and town _____

Signature of garden club interviewer _____

FFGC Financial Aid Form

Name _____ Date _____

It is important that the student complete this form. If exact amounts are not known, the best estimate should be given. This bottom part of this form must be completed and signed by the Financial Aid Officer of the college or university involved.

Use this form to show all anticipated sources of funds and costs related to attending college this coming school year. Since actual financial need is one of the determining factors in the awarding of scholarships, it is necessary that all of the requested information be supplied. This information is held in the strictest confidence by the Scholarship Committee.

Anticipated resources

_____ From parent, relative, friend
_____ From personal savings
_____ Educational Insurance Policies
_____ School year earnings
_____ Grants/Scholarships
_____ Loans *
_____ Other*

Projected expenditures

_____ Tuition and fees
_____ Housing
_____ Board
_____ Books and Supplies
_____ Clothing/laundry
_____ Transportation
_____ Other*

\$ _____ Total Funds Available

\$ _____ Total Expenses

*If these items are more than \$500 each, please itemize below.

Additional Information and Explanations

Other scholarships and monetary awards _____

Assistantships _____

*Loans _____

*Other sources of funds _____

*Miscellaneous Expenditures _____

Additional Comments _____

Your signature below will authorize the release of my financial need form to:

Carole Martin, Scholarship Chairman
Florida Federation of Garden Clubs, Inc.
2034 Kildare Circle
Niceville, FL 32578-7308

Student's Signature _____ Date _____

FINANCIAL AID OFFICER:

1. Is this student eligible for receiving financial aid at your institution?

Grants/Scholarships: YES _____ NO _____ Student Loans: YES _____ NO _____

2. Has this student applied for financial aid at your institution? YES _____ NO _____

Financial Aid Officer's Signature _____ Date _____

Printed Name: _____ Phone: _____

Address: _____ E-mail: _____

City/Zip: _____ Fax: _____