

ORCHARD VALLEY GARDEN CLUB SCHOLARSHIP

Date Completed: _____ Stu ID# _____
Applicant Name: _____ Birthdate: _____
Street Address: _____ Phone # _____
Town/City: _____ State: _____ Zip: _____
School you now attend: _____
Are you currently employed? YES NO Full Time How long? _____
 Part Time _____
Place of Employment: _____

Father's/Guardian Name: _____
Address: _____
(only if different than student; please include city, state and zip)
Place of Employment: _____
Occupation: _____ Full Time How long? _____
 Part Time _____

Mother's/Guardian Name: _____
Address: _____
(only if different than student; please include city, state and zip):
Place of Employment: _____
Occupation: _____ Full Time How long? _____
 Part Time _____

Other dependents in the household (list names and ages):

Do any of these dependents attend college? YES NO *If yes, how many?*
Will your parents assist you financially in continuing your education? YES NO
Will you receive other financial assistance (i.e. grants, scholarships, merit awards, etc.)? YES NO
If yes, please specify:

Applicant Name: _____
(Orchard Valley Garden Club Application – Continued)

Intended College Major and/or Minor: _____

Colleges applied to (in order of preference):

- | | | | |
|----|-------|----|-------|
| 1. | _____ | 2. | _____ |
| 3. | _____ | 4. | _____ |

****** Submit a RESUME with the following information:**

- a) *Educational experience*
- b) *Honors/awards*
- c) *Community service/volunteer work*
- d) *Work experience*

ESSAY QUESTION

Describe your career goals, and most importantly, why you have chosen this career path?

Parental permission for release of information:

(Parent/Guardian Name-Used as Electronic Signature)

(parent/guardian email and/or phone number for verification)