



The Garden Club of Georgia Inc.

APPLICATION FOR

THE GARDEN CLUB OF GEORGIA, INC.
CHEROKEE ROSE SCHOLARSHIP

Please type or print

Date _____

Name _____

Student ID # _____ UGA ID: 81 _____

Home Address _____

Campus Address _____

Home Phone _____ Cell _____

Georgia Resident for the past four years and paying in-state tuition? Yes ___ No ___

Major Subject and occupational objective after graduation _____

Date of acceptance for admission to Graduate School _____

GPA _____ GRE _____ Number of hours per semester? _____

Scholarships, prizes and awards received (list dates and amounts) _____

How do you plan to further finance your college education?

Work ___ Borrow ___ Family Aid ___ Other ___

Financial Aid Form, signed by Financial Aid Officer and Student and fully completed, must be returned with this application.

How do you intend to use your degree to further the appreciation and protection of our state or nation's historic resources? _____

Most recent copy of transcript enclosed? Yes ___ No ___

Extracurricular Activities List included? Yes ___ No ___

Names of 3 references? Yes ___ No ___

Applicant's Statement? Yes ___ No ___

Financial Aid Form? Yes ___ No ___

APPLICATION DUE: FEBRUARY 1



GUIDELINES FOR THE GARDEN CLUB OF GEORGIA, INC.

CHEROKEE ROSE SCHOLARSHIP

1. Available to a qualified graduate student majoring in graduate programs of Landscape Design, Environmental Planning, Historic Preservation, Decorative Arts, or Historic Architecture.
2. Applicant must have been a resident of Georgia for the past four years and must be enrolled at an accredited college or university in Georgia
3. The student must be enrolled in a graduate program or accepted for admission by the application deadline of **February 1**.
4. Judging of recipients for the scholarship is based on academic record, applicant's letter, listing of honors/extra-curricular activities/work experience, financial need, and recommendations.
5. Selection of scholarship winner is made by the Scholarship Committee to The Garden Club of Georgia, Inc.
6. All scholarship money will be mailed to the Registrars of the respective colleges or universities to be dispersed to the student one-half per semester.
7. If the recipient changes major, drops out of school, or transfers out of State, balance of money will be returned to The Garden Club of Georgia, Inc.

SEND APPLICATION MATERIAL AND REFERENCES TO:

The Garden Club of Georgia, Inc.
2450 South Milledge Avenue
Athens, GA 30602-5817
706-227-5369
gcca@uga.edu

DEADLINE - FEBRUARY 1



The Garden Club of Georgia, Inc.

FINANCIAL AID FORM

This form must be completed by the Financial Aid Officer of the College or university involved and by the student, and must be signed by both of those individuals.

This information will be held in strictest confidence. It will be made available only to appropriate officials of the college/university and to the members of The Garden Club of Georgia, Inc. (GCG) Scholarship Committee. 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.

Use the following form to show all anticipated sources of funds, including scholarships other than anticipated one from GCG, assistantships, educational insurance policies, etc., as well as all projected costs involved for attending college in the school year. It is not a requirement that projected resources and expenditures must balance.

RESOURCES

_____ From parent or relative
 _____ From personal savings
 _____ Educational insurance policies
 _____ School-year earnings
 _____ Grants/scholarships
 _____ Loans
 _____ Other:

 _____ **Total Funds Available**

EXPENDITURES

_____ Tuition and fees
 _____ Housing Board
 _____ Books/supplies
 _____ Clothing/laundry
 _____ Transportation
 _____ Other:

 _____ **Total Expenses**

THIS WILL AUTHORIZE THE RELEASE OF MY FINANCIAL NEED FORM to Scholarship Committee, The Garden Club of Georgia, Inc., 2450 South Milledge Avenue, Athens, GA 30602-5817

STUDENT'S SIGNATURE _____ DATE _____

FINANCIAL AID OFFICER:

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

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

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

DATE _____

FINANCIAL AID OFFICER'S SIGNATURE _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____



The Garden Club of Georgia, Inc.

SOURCE OF REFERENCES:

DATE: _____

List names of three (3) references (NO MORE THAN TWO FROM THE SCHOOL) who will send letters of recommendation directly to the Scholarship Committee. References from family members cannot be accepted. See Recommendations under Judging for additional requirements.

1. Name: _____

Address: _____

Telephone: _____ Position/Relationship: _____

2. Name: _____

Address: _____

Telephone: _____ Position/Relationship: _____

3. Name: _____

Address: _____

Telephone: _____ Position/Relationship: _____

Letters must be received by the Scholarship Committee on or before **DEADLINE FEBRUARY 1.**

Send to:

Scholarship Committee
The Garden Club of Georgia, Inc.
2450 South Milledge Avenue
Athens, GA 30602-5817

Student's Signature