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).
___ 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: _____________________________

   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

Rev. 2012/mh/cm
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 __________________________

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Parent/guardian/emergency contact __________________________ Address __________________________

Home phone __________________________ Cell phone __________________________ E-mail __________________________

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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 __________________________

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

How long were you involved? _______________ Leader’s name __________________________

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Sponsoring garden club and town __________________________

Signature of garden club interviewer __________________________

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Contact: Carole Martin, 2034 Kildare Circle, Niceville, FL 32578-7308

Rev. 2012/cm
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 ____________________________

Contact: Carole Martin, jhmccwm@cox.net; (850) 678-8171 – (850) 803-1184 (c)
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.

<table>
<thead>
<tr>
<th>Anticipated resources</th>
<th>Projected expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>From parent, relative, friend</td>
<td>Tuition and fees</td>
</tr>
<tr>
<td>From personal savings</td>
<td>Housing</td>
</tr>
<tr>
<td>Educational Insurance Policies</td>
<td>Board</td>
</tr>
<tr>
<td>School year earnings</td>
<td>Books and Supplies</td>
</tr>
<tr>
<td>Grants/Scholarships</td>
<td>Clothing/laundry</td>
</tr>
<tr>
<td>Loans *</td>
<td>Transportation</td>
</tr>
<tr>
<td>Other*</td>
<td>Other*</td>
</tr>
</tbody>
</table>

$_______ 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: __________________________

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