

Federated Garden Clubs of Nebraska, Inc.
SCHOLARSHIP APPLICATION - YEAR – 2020-2021

Full Name _____

Date of Birth (Month/Year) _____ Female ___ Male ___

Home(Legal/Permanent) Address: _____

(your address at end of semester is necessary to send notification and required information/forms)

City _____-State _____ Zip _____ Phone _____

Email _____ Cell Phone _____

College/University _____

Department Enrolled _____

Major _____ Minor _____

CURRENT GRADE LEVEL AT TIME OF APPLICATION :

Sophomore/2nd year Community College ___

Junior _____

Senior _____

CURRENT CUMULATIVE GRADE POINT AVERAGE _____

College(s) previously attended _____

Dates _____ Previous Semester GPA _____

Expected Date of Graduate _____ Degree _____

Occupation Objective After Graduation _____

Name and Address Financial Officer _____

Telephone _____ Email _____

Signature _____ **Date** _____

Submit this form and other required item to:

Betty Jo Armagost 3 Regency Place Kearney, NE 68847

DEADLINE RECEIVED BY FEBRUARY 1