



**BETHLEHEM GARDEN CLUB SCHOLARSHIP APPLICATION**  
Application must be received by April 30, 2024.

Name of Student \_\_\_\_\_

School \_\_\_\_\_ Year \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone(s) \_\_\_\_\_ E-mail \_\_\_\_\_

If you are a high school student, which colleges or universities have accepted you?

---

---

What will be your course of study?

---

In the future are you planning to work in the fields of horticulture, landscaping or conservation? If so, please explain.

---

---

Have you ever worked or volunteered for a florist, a lawn service or a related field? If yes, please describe the work you performed.

---

---

Do you have a garden at home? If yes, please describe what you grow.

---

Name of your guidance counselor:

---

PLEASE MAIL or E-MAIL AS A WORD OR PDF DOCUMENT THIS APPLICATION AND SIGNED LETTER(S)  
OF RECOMMENDATION TO:

Bethlehem Garden Club P. O. Box 1183 Bethlehem, Pa. 18016  
Attn: Scholarship or bgcscholarship@gmail.com