

# BETHLEHEM GARDEN CLUB SCHOLARSHIP APPLICATION

Application must be received by April 30

Today's Date: \_\_\_\_\_  
Name of Student: \_\_\_\_\_  
Current School in which you are enrolled: \_\_\_\_\_  
Graduating Class Year: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

1. What secondary school or college will you be attending?
2. What will be your course of study or major?
3. What are your goals after you complete this course of study?
4. Please name your past or current employers/volunteer organization for whom you have performed horticultural, agricultural, lawn, floral, or landscaping services.
5. Please describe all experiences you have had growing things.
6. Name of your guidance counselor/advisor  
\_\_\_\_\_

PLEASE MAIL OR EMAIL THIS APPLICATION AS A WORD OR PDF DOCUMENT AND  
SIGNED LETTERS OF RECOMMENDATION TO:

**Bethlehem Garden Club, PO Box 1183, Bethlehem Pa. 18016 Attn: Scholarship Committee  
bgcscholarship@gmail.com**