



LOUISIANA GARDEN CLUB FEDERATION, INC.

APPLICATION FOR SCHOLARSHIP

Use this application form for all LGCF scholarships.

1. Name in full _____
2. Home Address _____
(Street Address, City, State, Zip)

(Phone, email)
3. School Address _____
(Street Address, City, State, Zip)

(Phone, email)
4. Place and Date of Birth _____
5. Male Female Single Married
6. Are you a permanent resident of Louisiana? No Yes Parish _____
7. College/University _____
Curriculum (Major) _____
8. Classification: Junior Senior Post Graduate
9. Last two schools attended:
1) _____
2) _____
10. List of extracurricular activities: _____

11. Financial Statement – see next page
12. References (letters from references are to be attached to application)
 - 1) Department Head Name _____
Address _____
 - 2) Professor Name _____
Address _____
 - 3) Other Name _____
Address _____
13. Photograph (head shot) of applicant (to accompany application)

FINANCIAL STATEMENT (Must accompany application)

(All Categories)

Student Information:

1. Student's annual earnings: _____
2. Hours worked during academic year: _____
3. Spouse's contribution, if applicable: _____
4. Other income or assets: _____
5. Financial assistance from parents: _____
6. Other financial help: _____
7. How has education been financed up to present time?

8. Parent's Name: _____
9. Parent's Occupation: _____
10. ***Parent's address & phone number: _____

11. Any unusual circumstances affection need for scholarship:

*** Information needed if student has to be contacted during the summer, etc.

RETURN BY JUNE 1ST TO:

Dr. Pam Langley
1750 Bilbo Street
Lake Charles, LA 70601-6061
LGCScholarships@gmail.com