

The Biglerville Garden Club, Biglerville, Pennsylvania

Scholarship Application

Student applicants must attend an Adams County school. **The deadline for receipt of this Scholarship Application is April 12, 2024** Please forward the completed application together with the official school transcript, all letters and other requested information to:

Betty Holloway
185 West York Street
Biglerville, Pa 17307
717-677-0898

Full Name..... Date of Birth.....

(First, Middle, Last)

Address..... City.....

State..... ZIP..... Email.....

Phone Number (.....).....

Adams County High School Attended.....

Number in Graduating ClassYour RankGPA

Current High School Status: Senior or Graduate

Extracurricular Activities.....

College of Enrollment.....Department Enrolled.....

Complete the following if already enrolled in college:

CUM GPA..... Present Status: Freshman..... Sophomore..... Junior.....
Senior.....

Major..... Minor.....

Intended Career.....

The Biglerville Garden Club, Biglerville, Pennsylvania Financial Need Form

This form must be completed by the Financial Aid Office of the college or university involved and by the student and must be signed by both parties.

This information will be held in strictest confidence. It will be made available to appropriate officials of the college/university and to members of the Biglerville Garden club of Biglerville, Pennsylvania's Scholarship Committee. Since actual financial need is one of the determining factors in the awarding of scholarships, it is necessary that all the requested information be supplied.

Use the following form to show all the anticipated sources of funds, including scholarships other than the one from our club, as well as all projected costs involved for attending college in the 2023-2024 school year. It is not required that projected resources and expenditures balance.

Please Note: The deadline for the receipt of this form together with other application materials is April 12, 2024

Anticipated Resources

Parent or Relative.....
Personal Savings.....
Educational Insurance Policies.....
School-year earnings.....
Grants/ Scholarships.....
Loans.....
Other.....
Total Funds Available.....

Projected Expenditures

Tuition and Fees.....
Housing.....
Board.....
Books/ Supplies.....
Clothing/ Laundry.....
Transportation.....
Other.....
Total Expenses.....

THIS WILL AUTHORIZE THE RELEASE OF MY FINANCIAL NEED FORM to The Biglerville Garden Club, Biglerville, PA Scholarship Chair: Betty Holloway, 185 West York Street, Biglerville, Pa 17307.

Student's Signature..... Date.....

Financial Aid Officer: Name (print):

Signature..... Date..... Email:

Address:

City State..... ZIP.....

Supporting Document

A **personal letter** from the applicant is required. Discuss goals, background, financial needs, and personal commitment. This letter may be written or typed, but must not exceed two pages.

Applicant References

References are required as indicated below. A separate **one page** reference letter is required for each.

1. Scholastic:
Name/ Title
Address
2. Character:
Name/ Title
Address
3. Financial/ Work Related:
Name/ Title
Address

Parental Information

Name of Parent or Guardian:

Occupation:

Address:

Phone: E-mail:

If applicable, include your Parent, Grandparent, or Guardian's name along with the name of any Garden Club and District affiliation:

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This page to be completed by The Biglerville Garden Club

SPONSORING FEDERATED GARDEN CLUB: _____

NAME AND ADDRESS OF CLUB PRESIDENT: _____

PHONE: _____ EMAIL: _____

SIGNATURE OF CLUB PRESIDENT: _____

For additional information or questions, please contact:

Betty Holloway
Chair, Scholarship Committee
The Biglerville Garden Club
185 West York Street
Biglerville, PA 17307
717-677-0898
donald-holloway@comcast.net