

Application Form for Scholarship



P.O. Box 24, Chappell Hill, TX 77426-0024

Phone:713-562-6191

Email:chappellhillgardenclubtx@gmail.com

Your Name: _____

Address: _____

E-mail: _____ Phone#: _____

Tell us about yourself:

Current School: _____ Grade Point Average: _____

Your current activities: _____

College you plan to attend: _____

College Address for scholarship: _____

Your Student number: _____ Registration date: _____

Why scholarship is needed: _____

Your scholarship application must include:

1. Two letters of recommendation – one from non family member and one from a teacher or other school official.
2. A typed narrative with focus on college interests, career goals, and how funding will help. Include also how you found out about our scholarship program.
3. Official transcript showing academic average and grading scale through four years of high school.
4. Pool of either SAT or ACT scores.

APPLICATION DEADLINE IS APRIL 30. The Board of Directors of Chappell Hill Garden Club will review your application and the Committee Chairman will notify you if your application is approved.