

# Application Form for Scholarship



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

Phone:713-392-1245

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**PRINT LEGIBLY IN BLACK INK. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Your Legal Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Your Address: (Street, City, Zip, State) \_\_\_\_\_

\_\_\_\_\_

Your E-mail: \_\_\_\_\_

Your Phone #: \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

Current School: \_\_\_\_\_

College/Technical School you plan to attend: \_\_\_\_\_

College/School Address for scholarship: \_\_\_\_\_

\_\_\_\_\_

Your College ID number: \_\_\_\_\_ Registration date: \_\_\_\_\_

## **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 current activities, college interests, career goals, and how funding will help.
3. A registrar sealed official transcript from current school.
4. Proof of either SAT or ACT scores, if applicable.
5. Include also how you found out about our scholarship program.

**APPLICATION DEADLINE IS MAY 1.** The Scholarship Committee along with 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.

If anything changes regarding your application, please contact us immediately.