

Application Form for Scholarship



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

Phone:713-816-3827

Email:CHGCScholarshipTx@gmail.com

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 current 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, work history and how funding will help. (1 Page Maximum)
3. A recent transcript from current school.
4. Do you qualify for other financial aid? Yes or No
5. Include also how you found out about our scholarship program.

APPLICATION DEADLINE IS APRIL 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.

Applications received after April 1 will not be considered.