

# TEXAS GARDEN CLUBS, INC.

## APPLICATION FORM FOR SCHOLARSHIP

(Application must be typed or computer generated)

**Full Name** \_\_\_\_\_  
Male \_\_\_ Female \_\_\_ Single \_\_\_ Married \_\_\_ Other \_\_\_  
Number of children \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Applicant's School Address \_\_\_\_\_  
\_\_\_\_\_

**College /University** \_\_\_\_\_  
Address \_\_\_\_\_  
Department Enrolled \_\_\_\_\_  
Major \_\_\_\_\_  
Minor \_\_\_\_\_  
Number of hours to date \_\_\_\_\_ Cumulative GPA \_\_\_\_\_  
Expected Graduation Date \_\_\_\_\_  
Occupational Objective after Graduation:  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Financial Aid Officer** \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_

Name of employer and position held or if self-employed, name of business  
\_\_\_\_\_

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