

NMGC, INC. DISTRICT II SCHOLARSHIP FORM

Applicant's Name: _____ Date: _____

Affiliated Garden Club Name: _____

Address: _____ Phone: _____

Amount of funds requested: _____ Event date: _____

What will the funds be used for?

Committee Use Only: Approved: Yes No Date: _____

Amount approved: _____ Signature: _____

Approving members:

