

**OAGC Foundation, Inc. Scholarship Application**  
**(Ohio Association of Garden Clubs Foundation, Inc.)**  
**Deadline for submission: March 15**

Please check the scholarship type for which you are applying:

- \_\_\_\_\_ Incoming College Freshman  
\_\_\_\_\_ College Sophomore, Junior or Senior  
\_\_\_\_\_ Freshman or Upperclassman attending OSU/Agricultural Technical Institute, Wooster, OH.

Personal Data:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ College Student ID#: \_\_\_\_\_

Educational History: \_\_\_\_\_

**College Level Student:**

Name of Institution/College: \_\_\_\_\_

City/State: \_\_\_\_\_

Dates attended (Month and Year): \_\_\_\_\_

Field of Study: \_\_\_\_\_

Specify degree or certificate received or expected: \_\_\_\_\_

GPA: \_\_\_\_\_

**Graduating High School Senior**

Name of school and location: \_\_\_\_\_

Dates attended (month and year): \_\_\_\_\_

Diploma or equivalent: Yes/No \_\_\_\_\_

GPA: \_\_\_\_\_

Activities:

Special achievements, honors or awards: \_\_\_\_\_

High School activities or offices held: \_\_\_\_\_

Community activities or offices held: \_\_\_\_\_

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Special interest, hobbies, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Experience:**

Name of employer/job title or type of work/dates worked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide for the next academic year:**

Anticipated annual tuition cost: \_\_\_\_\_  
Anticipated room & board cost: \_\_\_\_\_  
Are you currently receiving financial aid? (if so where) \_\_\_\_\_  
Any grants or other scholarships awarded? \_\_\_\_\_  
\_\_\_\_\_

**Educational & Occupational goals:**

On a separate page, in your own words, clearly and concisely state the reason you are applying for this scholarship and your career objectives as they relate to the field of horticulture.

**ENCLOSE THE FOLLOWING 4 DOCUMENTS WITH YOUR APPLICATION:**

- \_\_\_\_\_ Proof of College Acceptance (if Graduating High School Senior)
- \_\_\_\_\_ Transcript of Grades
- \_\_\_\_\_ Letter of Recommendation
- \_\_\_\_\_ Statement of Educational and Occupational Goals

How did you learn about this scholarship? \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Mail completed application to:**

Babs Sabick, Development Director  
OAGC Foundation, Inc.  
1128 Darlington Dr.  
Beavercreek, OH 45434  
Phone: 937-429-0987      Email: bsabick@oagc.org

**Please note:**

1. Completed application must be **received** by **March 15**
2. Secretary will notify all applicants of the Board's decision.