APPLICATION

SARASOTA GARDEN CLUB INC AND JUDITH WOODBRIDGE SCHNEIDER MEMORIAL SCHOLARSHIPS

For undergraduate students and college students majoring in a Natural Science at College or University

Name a	and Location of College/Univers	sity		
have	completed years of s			11 /I I
And I a	am in myyear of	Name and Location school.	i of High School/Co	liege/University
1.	Name:			
2.	LAST Permanent Address	FIRST	MIDD	LE
	Number and Street	City	State	Zip
3.	Mailing Address if different			_
4.	I am a permanent resident of S	arasota County Yes	() No ()	
5.	I have resided there for	years.		
6.	Phone Number			
7.	Email Address			
8.	Date of Birth			
9.	Present Major		Grade Point A	verage
			Mother	

I understand that the above information is correct. I understand that I am to be a full-time Undergraduate Student enrolled and will be enrolled in at least 12 credit hours at an accredited college or university and that I must maintain a grade point average of 3.0 or better.

Please sign and date

Print your name

Your application must be received by April 15 of the current year.

Mail to

Sarasota Garden Club Inc. 1131 Blvd of the Arts Sarasota, Florida 34236 Attention: Scholarship Committee

Please note we are a web-based organization and do not have a phone number.

For questions, please go to our website, to community projects, to scholarships and

Contact the appropriate person by email.

We usually communicate by email. Please make sure your email address listed above is active and current.

Revised 3/22/2024

4