

# MANITOWOC GARDEN CLUB, INC. SCHOLARSHIP APPLICATION INSTRUCTION

## Criteria For Selection

- A. Student must be a resident of Manitowoc County.
- B. This scholarship is open to all high school, undergraduate or technical school students in Manitowoc County.
- C. This scholarship is offered to full time students only.
- D. This scholarship is offered to worthy students in the field of horticulture, botany, or related fields.
- E. This scholarship does not discriminate on the basis of race, color, creed or national origin, sex, age or handicap.

## Application Procedures

- A. Obtain and complete the application. Please type or print all the information requested. Incomplete applications will not be considered.
- B. Attach a copy of your current transcript
- C. Attach a letter of recommendation
- D. Limit all answers to the space provided
- E. Return completed application by April 19, 2017 to:  
Katherine Prickett  
1602 Hamilton St.  
Manitowoc, WI 54220

Or by email to:  
pkandjo@comcast.net

## Amount of Scholarship

College, University, or Technical School: \$250.00 per year for one year only. The award will be payable to the student and the school you are attending.

You will be notified by May 15, 2017 if you are selected as a recipient of the scholarship. You will not be notified if you are not selected.

MANITOWOC GARDEN CLUB INC. SCHOLARSHIP  
APPLICATION

Applicant's Information

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

Address \_\_\_\_\_ City State Zip \_\_\_\_\_

What schools have you been accepted to or are you interested in attending?


What are your occupational goals and educational plans?


Why have you chosen this field?


What extra curricular activities have you been involved in?


\_\_\_\_\_  
Applicant's Signature