



**COLORADO GARDEN FOUNDATION
SCHOLARSHIP APPLICATION**

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email _____

Please tell us how you heard about our scholarship: _____

Permanent address and phone (if different from above) _____

Academic status _____ (Undergraduate, Graduate Student)

Current grade point average _____ (on a 3.0 scale, 4.0 scale, 5.0 scale
circle appropriate scale)

Financial Aid Officer _____ Phone _____

Declared Major or Minor _____

Statement of education and career goals: (use extra sheets of plain paper as needed)

Statement of financial need: (i.e. other grants/loans, living expenses, estimated yearly school expenses)

Please enclose statement of financial needs status from financial aid officer, references from two (2) faculty members and a current transcript of grades.

Submit completed application by **March 15th** to:

Colorado Garden Foundation
959 S. Kipling Pkwy, Suite 100
Lakewood, CO 80226
Phone 303-932-8100 Fax 303-932-8101