

**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  
\_\_\_\_\_ Dottie Bates Memorial Scholarship for College Sophomore, Junior or Senior  
\_\_\_\_\_ Dr. Gary Anderson Scholarship for student attending OSU/Agricultural Technical Institute,  
Wooster, OH  
\_\_\_\_\_ Doris Schuster Memorial Scholarship

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: \_\_\_\_\_ Projected graduation date: \_\_\_\_\_

**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: \_\_\_\_\_

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.