
KEETA ARNOLD MEMORIAL HORTICULTURE SCHOLARSHIP
SPONSORED BY THE GARDEN CLUB OF ROGERS
SCHOLARSHIP APPLICATION FORM- YEAR 2018-2019

Full Name _____

High School graduated from _____

Home (Legal/Permanent) Address _____
(your address at end of semester is necessary to send notification and required information/forms)

City _____ State _____ Zip _____ Phone _____

Email _____ Cell Phone _____

College/University _____

Department Enrolled _____

Major _____ Minor _____

CURRENT GRADE LEVEL AT TIME OF APPLICATION

Sophomore _____ Fifth Year Landscape Architect _____

Junior _____ Graduate Student _____

Senior _____

CURRENT CUMULATIVE GRADE POINT AVERAGE _____

College(s) Previously Attended _____

Dates _____ Previous Semester GPA _____

When do you expect to graduate? _____ Degree _____

Occupational Objective After Graduation _____

Name of Financial Officer _____

Address _____

Phone _____ Email _____

STUDENT'S SIGNATURE _____ Date _____

SUBMIT THIS FORM WITH THE OTHER REQUIRED ITEMS TO THE GCR SCHOLARSHIP
CHAIRMAN

DEADLINE: Postmarked by January 1, 2019