

Wellington Garden Club Academic Scholarship Application

Print Name _____ Date _____ Phone _____
Address _____ City _____ Zip _____
Email _____ College/University/Tech School _____

The Applicant completes the first part of the form and the Financial Aid Officer completes and signs the lower part of the form. Financial Aid Officer should send the form to jcsiena@gmail.com or by post to address below.

Use this form (wellingtongardeclub.org) to show all anticipated sources of funds and costs related to attending college full-time or part-time this coming school year. Since actual financial need is one of the determining factors in the awarding of scholarships, it is necessary that all the requested information be supplied. If exact amounts are not known, the best estimate should be given. If there is no amount for any item, then a "0" should be given. This information is held in the strictest confidence by the Scholarship Committee. Application deadline April 1.

Anticipated resources:

From parent, relative, friend \$ _____
From personal savings \$ _____
Educational insurance policies \$ _____
School year earnings \$ _____
Grants/Scholarships \$ _____
Loans* \$ _____
Other* \$ _____
Total Funds Available \$ _____

Anticipated expenditures:

Tuition and fees \$ _____
Housing \$ _____
Board \$ _____
Books/Supplies \$ _____
Clothing/laundry \$ _____
Transportation \$ _____
Other* \$ _____
Total Expenses \$ _____

*If these items are more than \$500 each, please itemize below.

Additional information required and if more space is needed, please write here:

Other scholarships and monetary awards _____
Assistantships _____
*Loans _____
*Other sources of funds _____
*Miscellaneous Expenditures _____

Your signature below will authorize the release of this Financial Aid Form to the following:

Wellington Garden Club
1979 South Club Drive
Wellington, FL 33414
Att: John C. Siena, College Scholarship Chair

Student's Signature _____ Date _____

Financial Aid Officer:

1. Is student eligible for receiving financial aid at your institution?
Grants/Scholarships: YES _____ NO _____ Student Loans: YES _____ NO _____
2. Has this student applied for financial aid at your institution? YES _____ NO _____

Financial Aid Officer's Signature _____ Date _____

Printed Name: _____ Phone: _____

Address: _____ Email: _____

City/Zip: _____ Fax: _____