

THE HERB GUILD GARDEN CLUB
SCHOLARSHIP PROGRAM

Official Application Form



Name: _____

Address: _____

City, State and Zip: _____

Phone: _____

School currently attending: _____

Planned Major Field of Study in College: _____

Planned Minor Field of Study in College: _____

Honors and Awards: _____

Organizations/Memberships: _____

Offices Held: (include year) _____

Accomplishments: _____

Outside Activities: _____

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College you are planning to attend: _____

References (other than school): _____

Name and

Position: _____

Address: _____

Phone: _____

Name and

Position: _____

Address: _____

Phone: _____

Signature of Applicant: _____

NOTE: Attendance at the Herb Guild Garden Club's Scholarship Luncheon is MANDATORY in order to receive the scholarship.

Please submit two (2) copies of this application (photocopies accepted), letters of recommendation from two of your current instructors and a grade transcript, and mail to: Karol Polkinghorn, 3677 Lexington Court, Westlake, Ohio 44145. Questions: Call: 1-440-554-7755. The deadline for submission is: April 4, 2025.

I have read the foregoing and agree to attend the Herb Guild Garden Club's Scholarship Luncheon on August 6, 2025. In the event that I do not attend, my scholarship shall be forfeited and the amount awarded to another student.

Initial: _____

Date: _____