



**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 this 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, OH 44145. Questions: Call: 1-440-554-7755. The deadline for submission is April 7, 2026.

I have read the foregoing and agree to attend the Herb Guild Garden Club's Scholarship Luncheon on August 5, 2026. In the event that I do not attend, my scholarship shall be forfeited and the amount awarded to another student.

Initial \_\_\_\_\_

Date: \_\_\_\_\_